

## eVitalGuide: **Electronic Death Amendments Module** for Medical Facility Users

# New York City Department of Health and Mental Hygiene Division of Epidemiology, Bureau of Vital Statistics

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#### 1. How Do I Submit Death Amendments for Medical Facilities?

Note: Amendments can only be submitted for registered cases.

1. From the eVital Dashboard screen, click the menu icon located to the left of Preferred Queues.



2. In the All Categories menu, select Life Events.



3. In the Life Events menu, select Death.



4. Select Locate Case.



5. Enter search criteria into at least one field. In this example, the **Case ID** was entered.

Locate Death Case	-
First Name	Last Name
Date of Death Start	Date of Death End
Ë	÷
Case ID	ME Case Number
18296760	
Date of Birth	Medical Record Number
Ξ.	
Place Of Death Location Type	Place Of Death
Select one Y	Select one
SSN	Sex
	Select one
	Clear Search

6. A list of matching death cases will appear. Click the **Case ID** or the **Decedent's Name** to open the case, or click the **Preview** button to preview the details of the case.

Search Results									
Show 20 🗸 entries Filter:									
Case ID	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Registration Status		\$	
18296760	Smith, Paul R	Mar/11/2018	Male	Manhattan	Feb/03/2018	Registered	Q Preview		
				Viewing Set 1 of 1					
Total Numbe	r of Records 1								

### 2. Creating a New Amendment

1. When the case opens, click the **Amendment History** tab located in the **Other Links** menu.

Death Registration	
Medical Information	< Return to Res
O Decedent	Case ID: 18296760 Decedent Name: Paul R Smith Event Date: Mar-11-2018 Death Place: Testing Hospital (Manhattan)
Pronouncement	
Place of Death	Case Status: Medical Valid With Exceptions Personal Valid with Exceptions Fact Of Death Valid Certified Pronounced Signed Registered
Cause of Death	Dispositon Permit Ready to Print
Other Factors	Information Status:
Certifier	
Personal Information	Decedent
Decedent	Will Medical Institution be Responsible for Final Disposition?
Resident Address	Yes ~
Family Members	Infant Identifier Medical Record Number
Informant	Twin A v 305
Disposition	
Decedent Attributes	Sex
Other Links	Male
Order Certified Copies	Decedent Name
Registration Approval	First Middle Other Middle
Documentary Evidence	
Messages	Paul R
Event Issuance History	Last Suffix
Death Identifiers	Smith
Assign Special Status	
Cremation Clearance	Date of Birth
Print Forms	
Amendment History	Month Day Year
Refer to OCME	02-Feb ~ 03 ~ 2018
Case Status History	
Request to Abandon/Void	Age at Last Birthday (Years)
Comments	0
Registration Validations	

#### 2. The Amendment History form will appear. Click the Create Amendment button.

Case ID: 18296760	Name: Paul R Smith	Event Date: Mar-11-2018			
Case Status:	Medical Valid With Exceptions Dispositon Permit Ready to Pri		Fact Of Death Valid	Certified Pronounced	Signed Registered
Amendment History Amendment ID	Processing History	Amendment Type Date	Received Date	Completed /Rejected	Amendment Status
					Create Amendment

- 3. Select the Amendment Type from the drop-down list:
  - a. There are three amendment types that can be submitted for death cases:
    - 1. Medical
    - 2. Cause of Death/QI
    - 3. Medical Disposition Death

Create Amendment			×
Amendment Type			
Select one	~		
1	Q,	Amendment Date*	
Medical		Mar-13-2018	ren l
Cause of Death/QI			
Medical Disposition-Death			
			Save Amendment

4. In this example, a **Medical** amendment type has been selected which will allow eVital users to change the **Medical Information** section and the **Medical Record Number**. The eVital system will create an **Amendment Number** and the **Amendment Date** will prepopulate. Click **Save Amendment**.

Create Amendment		x
Amendment Type		
Medical - × ~		
Amendment Number	Amendment Date*	
18296760_01	Mar-13-2018	<b></b>
	<b></b>	ave Amendment

5. The Amendment Summary will open. Click on Decedent under Medical Information to access the Medical Record Number.

Amendment	Case ID: 18296760	Name: Paul R Smith	Event Date: Mar-11-2018					
Amendment Summary	Case ID: 18290700	Name: Paul R Smith	Event Date: Mar-11-2016					
Documentary Evidence	Case Status:	Medical Valid With Exceptions	Personal Valid with Exceptions	Fact Of Death Valid Ce	ertified Pronounced	Signed	Registered	
View/Modify Work copy		Dispositon Permit Ready to Prin						
Return to History	Amendment Status:	New Amendment						
Cremation Clearance								
Death Registration	Amendment Summary							
Medical Information	Amendment Type			Amendment Create Date	*			
Decedent	Medical		~	Mar-13-2018				<u> </u>
Pronouncement	Order Number			Amendment Number				
Place of Death	EVT20180315279			18296760_01				
Other Factors								
Certifier	Amendment Informa	ition Report						-
Personal Information								
Decedent	Delta Report							
Resident Address	Field	Old Value		New Value				
Family Members								
Informant								
Disposition								
Decedent Attributes	Action			Reason				
	Select one		~	Select one			~	Add
	Action Comments							
	Action Comments							

6. In this example, the **Medical Record Number** has been changed from **305** to **513**.

Medical Information	Decedent				
O Decedent	Decedem				
Pronouncement	Will Medical Institution be Responsib	le for Final Disposition?			
Place of Death	Yes	×	~		
Other Factors	Infant Identifier			Medical Record Number	
<ul> <li>Certifier</li> </ul>	Twin A	×	~	513	
Personal Information	Sex				
Decedent	Male		~		
Resident Address					
Family Members	Decedent Name				
Informant	First	Middle		Other Middle	
Disposition					
Decedent Attributes	Paul	R			
	Last			Suffix	
	Smith			Select one	~
	Date of Birth				
	Month	Day		Year	
	02 - Feb	~ 03		~ 2018	
	Age at Last Birthday (Years) 0				

7. After amending the desired information, click **Save**.

Decedent			
Will Medical Institution be Responsible for Final Disposition	?		
Yes	× ~		
Infant Identifier		Medical Record Number	
Twin A	* ~	513	
Sex			
Male	~		
December 1 Name			
Decedent Name First	Middle		Other Middle
Paul	R		
Last	K	Suffix	
Smith		Select one	~
		beleet one	
Date of Birth			
Month	Day		Year
02 - Feb ~	03	~	2018
Age at Last Birthday (Years)			
0			
			Return to Results Save

8. Select the **Amendment Summary** tab to view the **Amendment Information Report**. This report displays the amended information, which **Field** was amended, the **Old Value** and the **New Value**.

Amendment Summary				
Documentary Evidence	Case Status: Medical Valid With Exception Dispositon Permit Ready to F	Personal Valid with Exceptions Fact Of De	eath Valid Certified Pronor	unced Signed Registered
View/Modify Work copy	Amendment Status: Pending Amendment Affimat			
Return to History				
Cremation Clearance	Amendment Summary			
Death Registration	Amendment Type	Amendme	nt Create Date*	
Medical Information	Medical	~ Mar-13-	2018	Ê
	Order Number	Amendme	nt Number	
Decedent	EVT20180315279	1829670	50_01	
Pronouncement				
Place of Death	Amendment Information Report			
Other Factors				
Certifier	Delta Report			
Personal Information	Field	Old Value	New Value	
Decedent	Decedent			
Resident Address	Medical Record Number	305	513	Undo
Family Members	Decedent			
Informant	Decedent			
Disposition	Decedent Medical			

9. To undo any changes, click the **Undo** button. The old value will be restored to the field that was changed. Click **Save**.

Amendment	Case ID: 18296760	Name: Paul R Smith	Event Date: Mar-11-2018				
Amendment Summary	Case Status:	Medical Valid With Exceptions	Personal Valid with Exceptions	Fact Of Death Valid	Certified Pronounced	Signed Registered	
Documentary Evidence	_	Dispositon Permit Ready to Pri					
View/Modify Work copy	Amendment Status:	Pending Amendment Affimatio	n				
Return to History							
Cremation Clearance	Amendment Summary						
Death Registration	Amendment Type			Amendment Create Dat	te*		
Medical Information	Medical		~	Mar-13-2018			<u> </u>
Decedent	Order Number			Amendment Number			
Pronouncement	EVT20180315279			18296760_01			
-							
Place of Death	Amendment Informa	ition Report					-
Other Factors							
<ul> <li>Certifier</li> </ul>	Delta Report						
Personal Information	Field		Old Value	Ne	ew Value		
Decedent	Decedent						
Resident Address	Medical Record Numbe	r	305	51	3	Undo	
Family Members	Decedent						
Informant	Decedent						
Disposition	Decedent Medical						
<ul> <li>Decedent Attributes</li> </ul>	Medical Record Numbe	r	305	51	3	Undo	
			000	01		Undo	

*Note:* The Amendment Information Report can hidden or displayed by clicking the minus (-) or plus (+) symbols located on the right-hand side of the Amendment Summary.

mendment Type	Ame	dment Create Date*		
Medical	~ Mi	-13-2018		
Irder Number	Ame	dment Number		
EVT20180315279	18	96760_01		
mendment Information Report				Г
Delta Report				
Field	Old Value	New Value		
Decedent				
Medical Record Number	305	513	Undo	
Decedent				
Decedent Medical				
Medical Record Number	305	513	Undo	
tion	Reat	an a		
				_
Select one	✓ Set	ct one	~ Ad	ы
Selections	✓ Set	ct one		Id
	~ _ ве	et one	<i>م</i> ه ا	M
ction Comments	<ul> <li>Image: Second sec</li></ul>	el une		M
ntion Comments				14
ction Comments mendment Summery mendment Type	Am	ndment Create Date*		
stein Comments meednest Summery meednest Type Medical	Am v k	ndment Create Date" 14 13 2018		
needment Summary meedment Type Meet Type	Ам ~	ndment Cesse Dale* w-192018 ndment Number		
needment Summary meedment Type Meet Type	Ам ~	ndment Create Date" 14 13 2018		
tten Comments nerednavet Sommery nerednavet Torminy Anedical der Namber Ev120160315279	Ам ~	ndment Cesse Dale* w-192018 ndment Number		
tten Comments nerednavet Sommery nerednavet Torminy Anedical der Namber Ev120160315279	Ам ~	ndment Cesse Dale* w-192018 ndment Number		
ction Comments notednesst Summary neednesst Type Medical CeVT20180315279	Ам ~	ndment Cesse Dale* w-192018 ndment Number		
nendment Summery mendment Type Medical KYT20180013279 mendment Information Report	Ам ~	ndment Create Date* -13-2018 doment Number 296760.01		
ttion Comments meindment Summery meindment Type Medical refer Number EVY23180315279 meindment Information Report etion	Am	ndment Create Date* -13-2018 doment Number 296760.01		
	Am	ndment Create Date" hr 19 2018 ndment Number 2990700.01		
cten Connents considuent Summery mendinent Type Medical EvTraneours EvTraneours mendment Information Report select Select was	Am	ndment Create Date" hr 19 2018 ndment Number 2990700.01		

#### 3. Cancelling an Amendment

1. To cancel an amendment, select the **Amendment History** tab in the **Other Links** menu. Then click the **Amendment ID** of the amendment you want to cancel. This will open the **Amendment Summary** page.

Medical Information						
Decedent	Case Sta			with Exceptions Fa	ct Of Death Valid Certified Pro	nounced Signed Registered
Pronouncement		Dispositon Permit Re	eady to Print			
Place of Death						
Cause of Death	Amendment History	'				
Other Factors	Amendment ID	Processing History	Amendment Type	Date Received	Date Completed /Rejected	Amendment Status
Certifier	18740634	History	Medical	Mar/13/2018		Pending Amendment Affimation
Personal Information						,
Decedent						Create Amendment
Resident Address						
Family Members						
Informant						Return to Result:
Disposition						
Decedent Attributes						
Other Links						
Order Certified Copies						
Registration Approval						
Documentary Evidence						
Messages						
Event Issuance History						
Death Identifiers						
Assign Special Status						
Cremation Clearance						
Print Forms						
Amendment History						

2. From the Action drop-down menu, select Amendment Cancelled.

Action	Reason
Select one	Select one V Add
٩	
Amendment Cancelled	

3. From the Reason drop-down menu, select Other, Specify.

Action		Reason	
Amendment Cancelled *	~	Select one	Add
Action Comments		٩	
		Other, Specify	

4. In the Action Comments section, enter any comments related to the cancellation.

Action		Reason		
Amendment Cancelled	× ~	Other, Specify	* ~	Add
Action Comments				
Amendment no longer needed.				

5. Click Save.

Action		Reason	
Amendment Cancelled	× ~	Other, Specify × ✓	Add
Action Comments			
Amendment no longer needed.			
		Save Unclaim Amen	ndment

6. After clicking **Save**, you will be taken back to the **Amendment History** page. The **Amendment Status** will now display **Amendment Cancelled**.

Amendment Histor	у				
Amendment ID	Processing History	Amendment Type	Date Received	Date Completed /Rejected	Amendment Status
18740634	History	Medical	Mar/13/2018		Amendment Cancelled
					Create Amendment

### 4. Unclaim/Edit an Amendment

 In eVital, two users cannot work on the same amendment at the same time. Unclaiming an amendment allows other users to work on an amendment that has not been completed. To see which user is currently working on an amendment, navigate to the Amendments Queue and click the plus sign (+) to expand the queue. Then click the Death-STOP-ITOP Amendments Pending Affirmation link. In the Processed By column you will see which user currently owns the amendment. If there is no user name in the Processed By column for an amendment, the amendment is currently unclaimed.

Queue List		
Amendments		-
AMD FR FailedQueue	14	139 days 1 hour old
Amendment Birth Pending Approval	0	
Amendment Death Pending Approval Amendment ITOP Pending Approval	1	47 days 1 hour old
Amendment STOP Pending Approval	1	3 days 22 hours old
Birth Amendments Pending Affirmation	0	
Birth Rejection Death Amendment Rejections	0	
Death Suspend	0	
Death-STOP-ITOP Amendments Pending Affirmation	1	1 day 2 hours old
New Amendments	0	
Death CTOD ITOD Amondments Danding Affirmation		
Death-STOP-ITOP Amendments Pending Affirmation		
Show 10 V entries		Search:
CaselD 🚽 AMD Type 💠 RegistrantName 💠 Event Type 💠 AmendmentNumber	Processed By 🔶 🗘	Created date 🔶 Received date 🔶 Comments 💠 🔶
18296760 Medical Paul R Smith Death 18296760_01	eVital User Ma	ar/13/2018 Mar/13/2018
		Previous 1 Next

Back

2. To unclaim an amendment, select the **Amendment History** tab and click on the **Amendment ID** of the amendment you'd like to unclaim. This will load the **Amendment Summary**.

Death Registration	Case ID: 18296760	Name: Paul R Sm	hith Event Date: Mar-	-11-2018		
Medical Information	Case Status:	Medical Valid With F		Luith Currentings	ct Of Death Valid Certified Pro	nounced Signed Registered
Decedent	Case Status.	Dispositon Permit R		with Exceptions Fa	ct of Death Valid Certified Pro	signed Registered
Pronouncement		Dispositon Permit R	eady to Philt			
Place of Death	Amendment History					
Cause of Death	Antendinent History					
Other Factors	Amendment ID F	Processing History	Amendment Type	Date Received	Date Completed /Rejected	Amendment Status
Certifier	18740634	History	Medical	Mar/13/2018		Pending Amendment Affimation
Personal Information						
Decedent						Create Amendment
Resident Address						
Family Members						
Informant						Return to Resul
Disposition						
Decedent Attributes						
Other Links						
Order Certified Copies						
Registration Approval						
Documentary Evidence						
Messages						
Event Issuance History						
Death Identifiers						
Assign Special Status						
Cremation Clearance						
Print Forms						
Amendment History						
Refer to OCME						

3. Click **Unclaim Amendment** on the bottom right-hand corner of the screen. The screen will return to the **Amendment History** page.

Amendment Summary			
Amendment Type		Amendment Create Date*	
Medical	~	Mar-13-2018	ث ا
Order Number		Amendment Number	
EVT20180315279		18296760_01	
Amendment Information Report			-
Delta Report			
Field	Old Value	New Value	
Decedent			
Medical Record Number	305	513	Undo
Decedent			
Decedent Medical			
Medical Record Number	305	513	Undo
ction		Reason	
Select one	~	Select one	bbA ~
ction Comments			
			Save Unclaim Amendment

4. Another user can now edit the amendment. To edit the amendment, select the **Amendment History** tab and click on the **Amendment ID** of the case you'd like to edit.

eath Registration	Case ID: 18296760	Name: Paul R Smit	h Event Date: Mar-	11-2018		
Medical Information	Case Status:	Medical Valid With Ex	Developed Malta	with Exceptions Fac	ct Of Death Valid Certified Pro	nounced Signed Registered
Decedent	Case Status:	Dispositon Permit Rea		with Exceptions Fac	ct of Death Valid Certified Pro	Nouncea Signea Registerea
Pronouncement		Dispositori Permit Rea	idy to Filin			
Place of Death	Amendment History					
Cause of Death	Amendment matory					
Other Factors	Amendment ID P	rocessing History	Amendment Type	Date Received	Date Completed /Rejected	Amendment Status
Certifier	18740634 H	listory	Medical	Mar/13/2018		Pending Amendment Affimation
Personal Information						
Decedent						Create Amendment
Resident Address						
Family Members						
Informant						Return to Res
Disposition						
Decedent Attributes						
Other Links						
Order Certified Copies						
Registration Approval						
Documentary Evidence						
Messages						
Event Issuance History						
Death Identifiers						
Assign Special Status						
Cremation Clearance						
Print Forms						
Amendment History						
Refer to OCME						

5. On the bottom right-hand corner of the screen, click the **Edit Amendment** button. The amendment can now be edited.

Amendment Type Amendment Create Date*   Medical Mar:13:2018   Order Number Amendment Number   EVT20180315279 18:206760_01   Amendment Information Report   Field Oid Value   Petcadent   Medical Record Number 305   513 Unde   Amendment Medical   Medical Record Number   Amendment Site Cone   Select one     Amendment Site Comments	Amendment Summary						
Amendment Number   EVT20180315279     Belta Report   Field old Value   New Value     Decedent   Medical Record Number   205   513   Undo     Medical Record Number     805     Select one     Amendment Number	Amendment Type		Amendment Create Date*				
EVT20180315279 18296760_01     Reson     Peta Report New Value   Field Old Value   Pecedent 305   Medical Record Number 305   Sectore 513   Undo 100	Medical	~	Mar-13-2018				
Amendment Information Report       old Value       New Value         Pecedent       000 Value       New Value         Medical Record Number       305       513       Undo         Pecedent       V       V       V       V         Medical Record Number       305       513       Undo       V         Medical Record Number       305       513       Undo       V         Action       Second       Select one       V       V       V       V	Order Number		Amendment Number				
Delta Report       new Value         Field       Old Value       New Value         Decedent       305       513       Undo         Decedent       Jose Control (Control (Contro) (Control (Control (Contro) (Control (Cont	EVT20180315279		18296760_01				
Fiel       Old Value       New Yalue         Decedent       305       513       Unde         Decedent       305       513       Unde         Decedent Medical       305       513       Unde         Medical Record Number       305       513       Unde         Audical Record Number       305       513       Unde         Reacon       Reacon       Select one	Amendment Information Report			-			
Decedent       305       513       Undo         Decedent       205       513       Undo         Decedent Medical       305       513       Undo         Medical Record Number       305       513       Undo         Select one       Select one       Select one       Select one       Medical	Delta Report						
Medical Record Number     305     513     Unde       Decedent       Decedent Medical       Medical Record Number     305     513     Unde	Field	Old Value	New Value				
Decedent Decedent Medical Medical Record Number 305 513 Undo etion Reason Select one Select one V	Decedent						
Decedent Medical       Medical Record Number     305     513     Undo       etion     Reason       Select one     Select one     Select one     Call	Medical Record Number	305	513	Undo			
Medical Record Number     305     513     Undo       ttion     Reason       Select one     Select one     Additional Additiona Additional Additional Additiona Additional Additional A	Decedent						
ction Reason Select one V Select one V	Decedent Medical						
Select one	Medical Record Number	305	513	Undo			
Select one V Select one V							
Select one							
	ction		Reason				
ction Comments	Select one	~	Select one	~ Add			
	ction Comments						
				Edit American			
Edit Amendment				Edit Amendment			

#### 5. Documentary Evidence

1. To add documentary evidence related to the amendment, select **Documentary Evidence** from the **Amendment** menu, then click the **Add Documentary Evidence** button.

Amendment	Case ID: 18296760 Name: Paul R Smith Event Date: Mar-11-2018
Amendment Summary	
Documentary Evidence	Case Status: Medical Valid With Exceptions Personal Valid with Exceptions Fact Of Death Valid Certified Pronounced Signed Registered Dispositon Permit Ready to Print
View/Modify Work copy	Amendment Status: Pending Amendment Affimation
Amendment Affirmation	
Return to History	Documentary Evidence
Cremation Clearance	
Death Registration	No Documentary Evidence currently attached to this amendment. To add Evidence click the Add Documentary Evidence button below.
Medical Information	Add Documentary Evidence
Decedent	
Pronouncement	
Place of Death	Next
Other Factors	
Certifier	
Personal Information	
Decedent	
Resident Address	
Family Members	
Informant	
Disposition	
<ul> <li>Decedent Attributes</li> </ul>	

2. The **Document** window will open. Select **Document Type** and **Document Draft** from the drop-down menus.

Document		
Case ID: 18296760 Event Date: Mar-11-20	Name: Paul R Smith	
Case Status:	Medical Valid With Exceptions         Personal Valid with Exceptions         Fact Of Death Valid           Certified         Pronounced         Signed         Registered         Dispositon Permit Ready to Print	
Document Type*		
Select one		~
1		٩
Other Documents		
No Document Enclosed		
Driver's License		
Valid Photo ID		
Proof of Address		
Identification Document	t(s)	
Passport		
Signed Order Receipt		_
	ed to use the Scan New option instead of Browse and Upload	
	scanning settings:	
<ul> <li>Color mod</li> </ul>		
<ul> <li>Resolution</li> </ul>		
<ul> <li>File size is limite</li> </ul>		
<ul> <li>Supported File t</li> </ul>	ypes for upload: .JPG, .GIF, .TIF, and .PNG	

Document		
Case ID: 18296760 Event Date: Mar-11-20	Name: Paul R Smith	
Case Status:	Medical Valid With Exceptions         Personal Valid with Exceptions         Fact Of Death Valid           Certified         Pronounced         Signed         Registered         Dispositon Permit Ready to Print	
Document Type*		
Identification Document	(\$)	× ~
Document Draft		
Select one		~
1		٩
Original		
Сору		_
	d Uploading Documents	
<ul> <li>Recommended:</li> <li>Color mod</li> <li>Resolution</li> <li>File size is limite</li> </ul>	e: Grayscale (DPI): 200	

3. Click **Scan New Image** or **Browse and Upload** to upload the document from your computer. Only files in .JPG, .GIF, .TIF and .PNG are supported. .PDF documents cannot be uploaded.

Case ID: 18296760 Event Date: Mar-11-20	Name: Paul R Smith 018		
Case Status:	Medical Valid With Exceptions         Personal Valid with Exceptions         Fact Of Death Valid           Certified         Pronounced         Signed         Registered         Dispositon Permit Ready to Print		
ocument Type*			
dentification Document	(\$)	×	~
ocument Draft			
Driginal		×	~
	Browse and Upload	Sav	e
Scan New Image			

4. After the document has been uploaded, click **Save**.

	Document	
Current Type* Identification Document (s) * * Document Daft Original * * Scan New Image Browse and Upload Tips for Scanning and Uploading Documents • Color mode: Grayscale • Resonnmended to use the Scan New option Instead of Browse and Upload • Recommended to use the Scan New option Instead of Browse and Upload • Recommended to use the Scan New option Instead of Browse and Upload • Color mode: Grayscale • Resolution (DPI): 200 • File size is limited to 1 MB		
	Cese Status: Medical Valid With Exceptions Personal Valid with Exceptions Fact Of Death Valid Certified Pronounced Signed Registered Dispositon Permit Ready to Print Document Type* Identification Document(s) Document Draft Original Scan New Image Browse and Upload Scan New Image Browse and Upload Scan New Image Commended to use the Scan New option Instead of Browse and Upload Recommended Scaning settings: • Color mode: Grayscale • Resolution (DPI): 200 • File size is limited to 1 MB	CUSTOMER NAME           ID         W1234         56789           NAME         01         JOHN Q SAMPLE         9           * ~         HEALTH PLAN (80840) 9140860054         PCP \$ 25           GRP:         123456-010-00001         SPC \$ 35

5. A green check mark will now appear next to **Documentary Evidence** in the **Amendment** menu. Information about the document is displayed in the **Documentary Evidence** portion of the page. Use the **View**, **Edit** or **Delete** buttons to view, edit or delete the document. Additional documentary evidence can be uploaded as needed.

Amendment	Case ID: 18296760	Name: Paul R Smith	Event Date: Mar-11-2018							
Amendment Summary										
Documentary Evidence	Case Status:	Medical Valid With Exceptions	Personal Valid with Exceptions	Fact Of Death Valid	Certified	Pronounced	Signed	Registered	Dispositon Permit Ready to Print	
View/Modify Work copy	Amendment Status:	Pending Amendment Affimatio	'n							
Amendment Affirmation										
Return to History	Documentary Evidence									
Cremation Clearance	Current Documents									
Death Registration	Document Type		Uploaded By	Upload Date				Draft Type		
Medical Information	Identification Document(s)		eVital User	3/27/2018 4:00:2	5 PM			Сору	View Edit Delete	
Decedent										
Pronouncement										Add Documentary Evidence
Place of Death										

#### 6. Amendment Affirmation

1. An amendment must be affirmed before it can be reviewed for approval. To affirm an amendment, select **Amendment Affirmation.** Click the **Affirm** checkbox, then click **Affirm Now**.

Amendment	Case ID: 18296760 Name: Paul R Smith Event Date: Mar-11-2018
Amendment Summary  Documentary Evidence  View/Modify Work copy	Case Status: Medical Valid With Exceptions Personal Valid with Exceptions Fact Of Death Valid Certified Pronounced Signed Registered Dispositon Permit Ready to Print Amendment Status: Pending Amendment Affimation
Amendment Affirmation	Affirm Amendment
Return to History	
Cremation Clearance	I hereby certify that this event
Death Registration	✓ Affirm
Medical Information	
Decedent	Affirm Now Return to History

2. The Quick Response (QR) code will appear. Using your mobile device and the **Certify** app, follow the **Certify** process in the **Electronic Death Registration Module for Medical Facilities** guide to complete the affirmation process.



3. After the amendment has been successfully affirmed, the **Amendment History** will update the **Amendment Status** to **Pending Amendment Approval**.

Case ID: 18296760	Name: Paul R Smith	Event Date: Mar-11-2018			
Case Status:	Medical Valid With Exceptions	Personal Valid with Exceptions	Fact Of Death Valid Certified	Pronounced Signed Registered	Dispositon Permit Ready to Print
Amendment History					
Amendment ID	Processing History	Amendment Type	Date Received	Date Completed /Rejected	Amendment Status
18740634	History	Medical	Mar/13/2018		Pending Amendment Approval

### 7. View/Modify Work Copy

1. To view a copy of the death certificate, select **View/Modify Work copy** from the **Amendment** menu.

*Note*: This screen is for viewing purposes only. No changes can be made to the certificate.

Amendment	Case ID: 18296760 Name: Paul R Smith Event Date: Mar-11-2018
Amendment Summary  Documentary Evidence	Case Status: Medical Valid With Exceptions Personal Valid with Exceptions Fact Of Death Valid Certified Pronounced Signed Registered Dispositon Permit Ready to Print
View/Modify Work copy	Amendment Status: Pending Amendment Approval
Return to History	
Cremation Clearance	View/Modify Work copy
Death Registration	
Medical Information	DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Certificate No. 156-18-101003
Decedent	NEW YORK CITY DEPARTMENT OF HEALTH
Pronouncement	AND MENTAL HYGIENE
Place of Death	Mar 13, 2018 09:52 AM DOMMH
Other Factors	DOHMH USE ONLY
Certifier	BOR 2a. New York City 2c. Type of Place 4 Diversing Home/I ong Term Carre Facility 2d. Any Hospice care 2e. Name of hospital or other facility. (if not facility, street address)
Personal Information	Place 2b. Barough 1 38 Hospital Inpatient 5 D Hospice Facility in fast 30 days Of 2 D Emergency Dept Output Output and 1 a Decident Residence 2 D No. Testing Hospital (Manhattan)
Decedent	NST US Data and Time a Au (Month) (Dav) (Varxvvv) 3 Time a Au 4 Say 5 Data last attended by a Physician
Resident Address	<u>with and beach</u> <u>with and beach</u> <u>March 11 2018 00:02 □PM</u> <u>Male 03 07 2018     </u>
Family Members	Annu Control of the second of the secon
Informant	A MANNER E C overlater. To early that obtain focusion of a tab allow and place entirely to NATURAL CAUSES. See Instructions on reverse of certificate.