

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE Oxiris Barbot, MD *Commissioner*

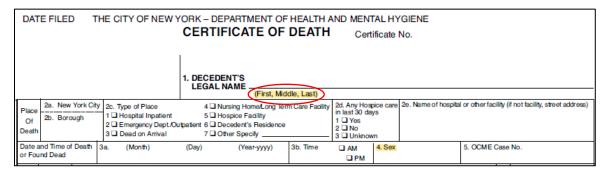
Guidance on Changes to NYC Department of Health and Mental Hygiene's:

Medical Examiner Certificate of Death (VR16)

The below guidance pertains to changes to New York City Vital Record forms that will be in effect January 2, 2020. Question numbers correspond to the box numbers on the certificates. Before and after images are included to show the changes that were made.

- 1. Question 1: Suffix added to Name of Decedent
 - a. **Original**: (First, Middle, Last)
 - b. New: (First, Middle, Last, Suffix)
 - c. Purpose: To match the birth certificate (VR6S)

Current Death certificate (Medical Examiner)



Updated Death certificate (Medical Examiner)

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Certificate No.									
	1. DECEDENT'S LEGAL NAME								
Place	2a. New York C	ity 2c. Type of Place	401	lursing Home/Long Terr	m Care Facility	2d. Any Hosp		2e. Name of hospital	or other facility (if not facility, street address)
Of Death	Place Place 1 Deptile Inpatient 5 Hospice Facility in last 30 days Of 2b. Borough 2 Emergency Dept/Outpatient 6 Decedent's Residence 1 Yes								
	nd Time of Death nd Dead	3a. (Month)	(Day)	(Үеаг-уууу)	3b. Time	□ AM □ PM	4. Sex		5. OCME Case No.

Current eVital screen, no changes made to eVital

Decedent Name				
First	Middle		Other Middle	
Last		Suffix		
		Select one		~

2. Question 4: Adding option of X for decedent sex to capture gender identity

- a. Original: Male, Female, Unknown, Undetermined
- b. New: Male, Female, Unknown, Undetermined and X
- c. **Purpose**: To provide option of a gender marker for persons who do not identify exclusively as female or male

Current Death certificate (Medical Examiner)

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
	CERTIFICATE OF	DEATH Certificate N	lo.		
	1. DECEDENT'S LEGAL NAME				
Of 2b. Borough 1 Hos 2 Eme	e of Place 4 Invising HomeLong Ten spital Inpatient 5 In Hospice Fracility ergency Dept./Outpatient 6 In Decedent's Residence ad on Arrival 7 In Other Specify	m Care Facility 2d. Any Hospice care 2 in last 30 days	2e. Name of hospital or other facility (if not facility, street address)		
Date and Time of Death 3a. (M or Found Dead	Month) (Day) (Year-yyyy)	3b. Time AM	5. OCME Case No.		

Current eVital screen

Sex				
Male	×	~		
		Q		
Male				
Female				
Undetermined				
Unknown				

Updated Death certificate (Medical Examiner)

DAT	DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Certificate No.					
			1. DECEDENT'S LEGAL NAME	t, Middle, Last, Suf	fix)	
Place	2a. New York C		4 🛛 Nursing Home/Lo	ng Term Care Facility		2e. Name of hospital or other facility (if not facility, street address)
Of	2b. Borough	1 Hospital Inpatient	5 🛛 Hospice Facility utpatient 6 🖵 Decedent's Resi	dence	in last 30 days 1 🔲 Yes	
Death		3 Dead on Arrival	7 Other Specify		2 🛛 No 3 🖵 Unknown	
	and Time of Death Ind Dead	3a. (Month)	(Day) (Year-yyy	y) 3b. Time	AM 4. Sex	5. OCME Case No.

New eVital screen

Sex (Gender Identity)					
Female * ^					
		٩			
Male					
Female					
Undetermined					
Unknown					
X					

- 3. **Question 21**: Remove "if wife" from surviving spouse's name
 - a. **Original**: Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last)
 - b. New: Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last)
 - c. Purpose: To make language gender neutral

Current Death certificate (Medical Examiner)

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19. Ever in U	 Marital/Partnership Status at time of death 	21. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)
Armed Fo	4 D Married had accounted 5 D Mayor Married 0 D Widewood	
1 🛛 Yes 2	No 7 Other, Specify 8 Unknown	\smile
22. Father's	Name (First, Middle, Last)	23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)

Current eVital screen

Surviving Spouse/Partner Name				
Is Spouse/Partner Informant?				
First	Middle			
Last (if Wife, Name Prior to First Marriage)	Suffix			
	Select one	~		

Updated Death certificate (Medical Examiner)

19. Ever in U.S.	20. Marital/Partnership Status at time of death	21. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last)	
Armed Forces?	1 Married 2 Domestic Partnership 3 Divorced		
1 Q Yes 2 Q No	4 Married, but separated 5 Never Married 6 Widowed 7 Other, Specify 8 Unknown		
	7 Other, Specify 8 Unknown		
22. Father/Parent Na	ame (prior to first marriage) (First, Middle, Last)	23. Mother/Parent Name (prior to first marriage) (First, Middle, Last)	

New eVital screen

Surviving Spouse/Partner Name				
Is Spouse/Partner Informant?				
First	Middle			
Last (Name Prior to First Marriage)	Suffix			
	Select one v			

4. Question 22 and 23: Add 'Parent' to labeling

- a. **Original**: Father's Name (First, Middle, Last); Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
- b. **New**: Father/Parent Name (Prior to first marriage) (First, Middle, Last); Mother/Parent Name (Prior to first marriage) (First, Middle, Last)
- c. Purpose: To make language gender neutral

Current Death certificate (Medical Examiner)

 Ever in U.S. 20. Marital/Partnership Status at time of death 	21. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)
Armed Forces? 1 Married 2 Domestic Partnership 3 Divorced	
4 Married, but separated 5 Never Married 6 Widowed	
1 I Yes 2 No 7 Other, Specify 8 U Unknown	
22 Father's Name (First, Middle, Last)	23 Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
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Updated Death certificate (Medical Examiner)

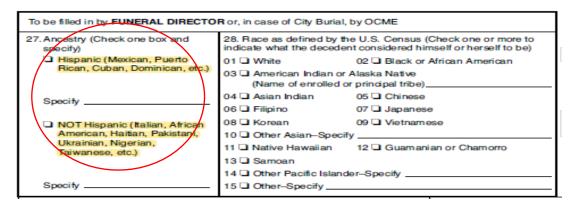
19. Ever in U.S. 20. Marital/Partnership Status at time of death Armed Forces? 1 Darried 1 Ves 2 No 4 Darried, but separated 5 Never Married 6 Widowed 7 Other, Specify	21. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last)
22 Father/Parent Name (prior to first marriage) (First, Middle, Last)	S. Mother/Parent Name (prior to first marriage) (First, Middle, Last)

Current eVital screen, no changes made to eVital

Father/Parent Name	
□ Is Father/Parent Informant ?	
First*	Middle
Last*	Suffix
	Select one V
Mother/Parent Name (Prior to First Marriage)	
First*	Middle
Last	Suffix
	Select one V

- 5. Question 27: Adding Latino to ancestry label
 - a. Original: Hispanic
 - b. New: Hispanic/Latino
 - c. Purpose: To be more inclusive and match the US Standard Death Certificate

Current Death Certificate (Medical Examiner)



Current eVital screen

Ancestry*	
Select one	~
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Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)	
Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)	
Unknown	

Updated Death certificate (Medical Examiner)

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by OCME			
27. Ancestry (Check one box and specify)	28. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)		
 Hispanic/Latino (Mexican, Puerto Rican, Cuban, 	01 🖵 White	02 🖵 Black or African American	
Dominican, etc.)	03 C American Indian or Alaska Native (Name of enrolled or principal tribe)		
Specify	04 🖵 Asian Indian	05 Chinese	
	06 🖵 Filipino	07 🖵 Japanese	
NOT Hispanic/Latino (Italian,	08 🖵 Korean	09 🖵 Vietnamese	
African American, Haitian, Pakistani, Ukrainian, Nigerian,	10 Cther Asian-Spec	ify	
Taiwanese, etc.)	11 🛛 Native Hawaiian	12 Guamanian or Chamorro	
	13 🖵 Samoan		
	14 Cother Pacific Islander-Specify		
Specify	15 Conter-Specify		

New eVital screen

Ancestry*	
Select one	~
	٩
Hispanic/Latino (Mexidan, Puerto Rican, Cuban, Dominican, etc.)	
NOT Hispanic/Latino (talian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)	
Unknown	