

VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

**ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS) USER
MANUAL FOR
FUNERAL HOMES**

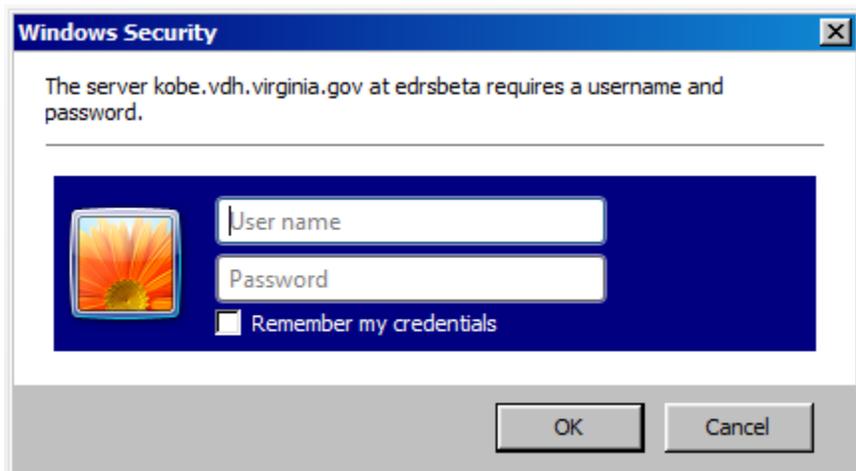
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1. GETTING INTO THE EDRS

STEP 1.

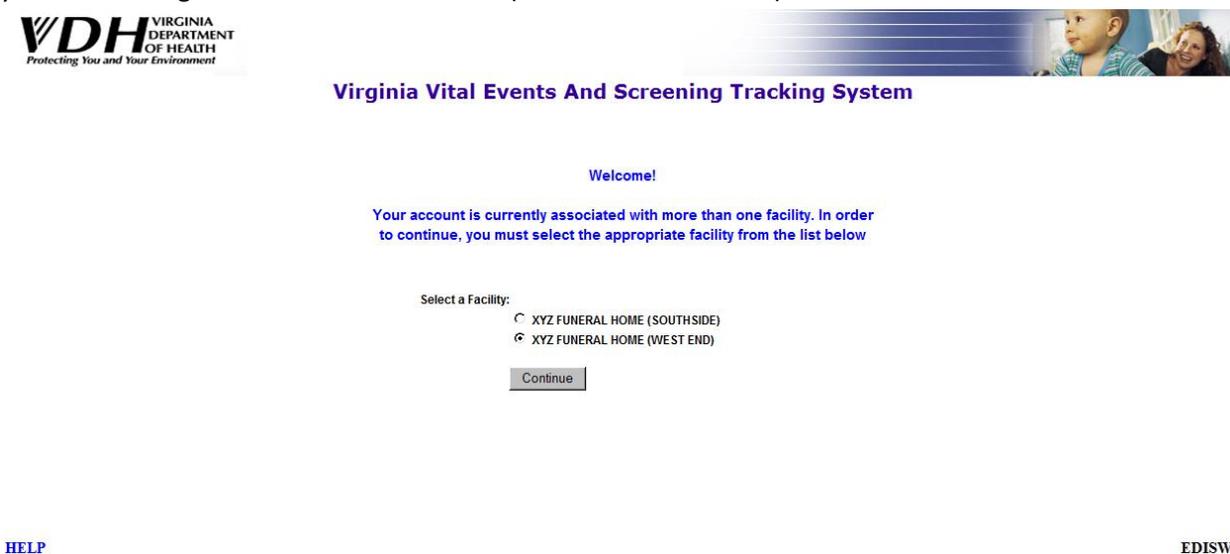
Once you have launched the EDRS using the URL provided to you, you will see a pop-up box to enter your user name and password to log into the application. (See illustration below)



Enter your username and password and click OK.

STEP 2.

If your user account is associated with more than one funeral home, you will need to select the facility you are working for in the current session. (See Illustration below)



Select your facility and click on continue.

You may view your messages in the inbox displayed on the resulting screen. Click on Continue to navigate to the next screen. In order to delete the messages from your inbox, simply check the box next to the message that you wish to delete and click on Continue.



Virginia Vital Events And Screening Tracking System

New Messages

Please check the box to acknowledge each message and click Continue button to continue to the application

	From	Subject	Date Received
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Case No. 431 has been accepted by BON SECOURS ST. MARY'S HOSPITAL	07/10/2014
	Case No. 431 for CARL GALLUP has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.		
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification completed for Case No. 431	07/10/2014
	Dr.STMARY_PH_1, STMARY_PH_1 has certified the Case No. 431 for CARL GALLUP.		
<input type="checkbox"/>	Diman, Krystina (MORRISSETT FUNERAL HOME AND CREMATION SERVICE)	Out of State Transit Permit approval Requested for Case No. 95	07/10/2014
	MORRISSETT FUNERAL HOME AND CREMATION SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 95 for CHRISTY COLES. The permit is now available for your review.		
<input type="checkbox"/>	Totman, Jane (METROPOLITAN FUNERAL SERVICE INC.)	Out of State Transit Permit approval Requested for Case No. 327	07/10/2014
	METROPOLITAN FUNERAL SERVICE INC. has submitted an Out of State Transit Permit for your approval for Case No. 327 for KHAL DROGO. The permit is now available for your review.		
<input type="checkbox"/>	Vr_User_1, Vr_User_1 (VITAL RECORDS)	State File Number assigned for Case No. 431	07/10/2014
	A State File Number has been assigned to Case No. 431 for CARL GALLUP by the Division of Vital Records		
<input type="checkbox"/>	Baker, Tyra (CHINN FUNERAL SERVICE)	Out of State Transit Permit approval Requested for Case No. 440	07/10/2014
	CHINN FUNERAL SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 440 for SAMUEL BELL. The permit is now available for your review.		



[HELP](#)

EBLNML

NOTE – In order to delete the messages from your inbox, simply check the box next to the message that you wish to delete and click on Continue.

STEP 3.

The next screen is the Virginia Vital Events and Screenings Tracking System Screen Menu with all the modules. Based on your role, you will only have access to the EDRS. Click on the EDRS module to continue.



Virginia Vital Events And Screening Tracking System



Birth Certificate Reporting



Certifiable



Correspondence Tracking System



Virginia Infant Screening and Infant Tracking System



[Electronic Death Registration System](#)



Maintenance

Messages(6New)	Password Reset	Application Assistant	Logout
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If you need VDH application support, please send your request via email to aim_webappshelp@vdh.virginia.gov or call us at 804-864-7200 and select option 2, FAX - 804-864-7155.

Warning: This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

[HELP](#)

FRXVII

The resulting screen is the **EDRS Home screen**.

Electronic Death Registration System

User: Xyz_Fh_Dir Xyz_Fh_Dir(XYZ_FH_DIR)
Facility: Xyz Funeral Home (West End)

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- E-Amendments
- Fetal Death Assignments
- Dis/Reinterment Request
- Reports/Extracts
- Change Facility
- User Preferences
- Message Center(80)
- EDRS Menu
- VVESTS Menu
- Logout

Recent Active Cases-(FH_DIRECTOR, FUE_HOME)							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
632	Green Border	DRI, ARCHER	MALE	01/01/1950	08/12/2014	VITAL RECORDS	Filed with DVR
631	Green Border	SAM, MILLER	MALE	09/09/1959	08/12/2014	XYZ FUNERAL HOME (WEST END)	Personal Information Sign - Requested
628	RB - OCME	JOE, DA, SCHMOE	MALE	05/12/1976	07/31/2014	XYZ FUNERAL HOME (WEST END)	Personal Information Sign - Requested
611	RB - OCME	HAPPY, FEET	FEMALE	12/31/1999	07/29/2014	VITAL RECORDS	Filed with DVR
520	Green Border	SUSAN, JONES	FEMALE	01/01/2000	01/01/2014	VIRGINIA STATE ANATOMICAL PROGRAM	Personal Information Completion In-progress
515	Green Border	DAVID, A, GREEN	NOT DETERMINED	08/01/1959	07/04/2014	VIRGINIA STATE ANATOMICAL PROGRAM	Personal Information Completion In-progress
511	Green Border	JAMES, BARON	NOT DETERMINED	05/17/1967	06/17/2014	SSHIMDZU (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
408	Green Border	TEST, TEST	MALE			XYZ FUNERAL HOME (WEST END)	Case Creation
375	RB - LME	SARAH, MOORE	FEMALE		04/21/2014	XYZ_FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
374	RB - LME	CHRISTOPHER, ROBN	MALE		04/21/2014	XYZ FUNERAL HOME (WEST END)	Personal Information Completion In-progress

1 -10 of 17 Click Active Cases for Complete list

[EDVHOM](#)

2. THE BASICS

2.1. THE NAVIGATION BAR -

To the left of the screen is the Navigation Bar which houses various links allowing you to move around in the system. This Navigation Bar is very dynamic in nature and will change from user to user based on what roles a user has. *(The illustration below shows a typical navigation bar in the home screen for a MLDI.)*

Death Registration Menu
● Create Case
● Active Cases
● Completed Cases
● E-Amendments
● Fetal Death Assignments
● Dis/Reinterment Request
● Reports/Extracts
● Change Facility
● User Preferences
● Message Center(80)
● EDRS Menu
● VVESTS Menu
● Logout

2.2. SETTING USER PREFERENCES –

Click on the user preferences link in the navigation bar. On the resulting screen, you may enter up to three e-mail addresses to receive notifications pertaining to cases in your facility. You may also choose the type of notifications you wish to receive.

Death Registration Menu	User Preferences
<ul style="list-style-type: none"> • Create Case • Active Cases • Completed Cases • E-Amendments • Fetal Death Assignments <hr/> <ul style="list-style-type: none"> • Dis/Reinterment Request • Reports/Extracts <hr/> <ul style="list-style-type: none"> • Change Facility • User Preferences • Message Center (79) <hr/> <ul style="list-style-type: none"> • EDRS Menu • VVESTS Menu • Logout 	<p>This system is designed to help you keep informed of any changes related to death certificate cases you are involved by sending E-mail notifications</p> <p>If you would like to be notified of status changes related to your cases, please enter E-mail address(es)</p> <p>Primary E-mail Address: <input type="text"/> **</p> <p>Second E-mail Address: <input type="text"/></p> <p>Third E-mail Address: <input type="text"/></p> <p>UP TO THREE E-MAIL ADDRESSES</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> When a case has been assigned to your Funeral Home <input checked="" type="checkbox"/> When a case has been removed from your Funeral Home and transferred to another Facility <input checked="" type="checkbox"/> When an assignee has accepted the case <input checked="" type="checkbox"/> When an assignee has rejected the case <input checked="" type="checkbox"/> When the Medical Certifier has signed the Medical Information <input checked="" type="checkbox"/> When the case has been filed with DVR <input checked="" type="checkbox"/> When the case has been assigned a State File Number <input checked="" type="checkbox"/> When DVR has approved your amendment request, but the amended death certificate CANNOT BE PRINTED <input checked="" type="checkbox"/> When DVR has approved your request for amendment to a death record. <input checked="" type="checkbox"/> When DVR has approved your amendment request, but the amended death certificate CANNOT BE PRINTED <input checked="" type="checkbox"/> When DVR requests for additional/required Evidence for an E-amendment <input checked="" type="checkbox"/> When DVR requests for additional/required Evidence for an E-amendment <input checked="" type="checkbox"/> When a cremation certificate has been approved. <input checked="" type="checkbox"/> WHEN LME has referred A Cremation Referral TO THE OCME <input checked="" type="checkbox"/> WHEN a OCME has Accepted the Cremation Referral Request <input checked="" type="checkbox"/> WHEN a OCME has Refused the Cremation Referral Request <input checked="" type="checkbox"/> When your Local Health Department has approved a Disinterment, Transit and Reinterment Permit requested by you. <p><input type="button" value="Save"/></p> <p style="text-align: right;">EDIUEN</p>

2.3. LISTS OF VALUES –

When you see the **L** (blue 'L') you may click on it to reveal a list of values that you can select from to populate that field.

3. HOW TO CREATE A CASE?

STEP 1.

A Natural Death or Non-ME (Green Border) case may be created at the funeral home by the Funeral Home Director, or the Funeral Home Staff. If you are creating a case as a funeral home staff, you will not be able to digitally sign the case. Only the Funeral Director may digitally sign the case.

3.1. BEGIN CREATION

To begin creating a case, click on the “Create Case” link in the left navigation bar.

Electronic Death Registration System

User: Xyz_Fh_Dir Xyz_Fh_Dir(XYZ_FH_DIR)
Facility: Xyz Funeral Home (West End)

Death Registration Menu

- Create Case **CLICK HERE**
- Active Cases
- Completed Cases
- E-Amendments
- Fetal Death Assignments
- Dis/Reinterment Request
- Reports/Extracts
- Change Facility
- User Preferences
- Message Center(79)
- EDRS Menu
- VVESTS Menu
- Logout

Decedent Search - New Case

First Name: Middle Name:
Last Name: Maiden Name:
Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)
Social Security Number: - - Was the decedent born in Virginia?:

[EDQSN](#)

STEP 2.

All case creations must begin with a search for the decedent in the system. In order to search, enter all information known about the decedent. Click on Query.

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- E-Amendments
- Pending Permits
- Approved Permits
- Dis/Reinterment Request
- Reports/Extracts
- Change Facility
- User Preferences
- Message Center
- EDRS Menu
- VVESTS Menu
- Logout

Decedent Search - New Case

Decedent

First Name: Middle Name:
Last Name: Maiden Name:
Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)
Social Security Number: - - County of Death:
Was the decedent born in Virginia?:
 CLICK HERE

[EDQSN](#)

STEP 3.

If no case was found matching your search criteria, click on the New Case button at the bottom of the page.

The screenshot shows the 'Electronic Death Registration System' interface. At the top, there is a header with the VDH logo, the system name, and user information: 'User: Fh_Dir_Last_Name(FH_DIR)' and 'Facility: Xyz Funeral Home (West End)'. Below the header is a 'Death Registration Menu' on the left and a 'Decedent Search Results - New Case' section on the right. The search results table is titled 'All Decedent Cases - Search Results' and has columns for Case ID, Case Type, Decedent Name (First, Middle, Last), Gender, DOB, DOD, Current Owner, and Status. Below the table, it says 'Your search returned 0 records.' There are two buttons: 'Query' and 'New Case'. A red arrow points to the 'New Case' button with the text 'CLICK HERE'. A 'Logout' link is visible at the bottom right of the menu.

STEP 5.

3.2. DECEDENT DEMOGRAPHICS

3.2.1. DECEDENT INFORMATION

The decedent's demographic information is the responsibility of the Funeral Homes. Enter as much of the decedent's demographic information as you can, at a minimum you must enter the decedent's **First Name, Last Name, Gender, and the Date of Death**. Enter this information and click on the save button at the bottom of the page.

The screenshot shows the 'Electronic Death Registration System' interface for 'Decedent Information'. The header is the same as in the previous screenshot. The 'Death Registration Menu' on the left is expanded to show 'Demographics'. The 'Decedent Information' form has the following fields: First Name (JOHN), Middle Name, Last Name (GRISHAM), Maiden Name, Suffix, Gender, Date of Birth (03/19/1981), Date of Death (08/20/2014), and Was Decedent ever in Armed Forces?. There is an 'Also Known As (A. K. A.)' section with 'None' and an 'Add' button. The 'Age at Time of Death' section has options for 'Years' (33), 'If less than 1 year' (Months/Days), and 'If under 1 day' (Hours/Minutes). The 'Place of Birth' section has 'US State of Birth' and 'Foreign Country of Birth' dropdowns. There is a 'Social Security Number' field with 'OR' and radio button options: 'Available', 'None', 'Unknown', and 'Not Obtainable'. At the bottom, there are 'Save' and 'Undo' buttons. A yellow cloud-shaped callout box contains the text 'INFORMATION ENTERED DURING SEARCH IS PREPOPULATED'. A 'Logout' link is visible at the bottom right of the menu.

Once you have completed all information and saved the information, a NEXT button will appear. Click on NEXT to go to the next screen.

3.2.2. DECEDENT RESIDENCE

For the decedent's residence you may choose to enter a

- i. **Complete U.S. Address** – required information is street, city, zip code, state and county.

Complete US Address Partial US Address Foreign Countries

Street Number: <input type="text"/>	Pre-Directional: <input type="text"/>	Street Name: <input type="text"/>	Street Suffix: <input type="text"/>	Post-Directional: <input type="text"/>	Apt # <input type="text"/>
Zip Code: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Postal County: <input type="text"/>	County (if other than postal): <input type="text"/>	

Inside City Limits?

- ii. **Partial US Address** – required information is state, zip code and city / county

Complete US Address Partial US Address Foreign Countries

Street Number: <input type="text"/>	Pre-Directional: <input type="text"/>	Street Name: <input type="text"/>	Street Suffix: <input type="text"/>	Post-Directional: <input type="text"/>	Apt # <input type="text"/>
State: <input type="text"/>	City: <input type="text"/>	County: <input type="text"/>	County: <input type="text"/>	Zip: <input type="text"/>	

Inside City Limits?

- iii. **A Foreign Address** – required information is city and country.

Complete US Address Partial US Address Foreign Countries

Address 1: <input type="text"/>	Address 2: <input type="text"/>
Zip: <input type="text"/>	State: <input type="text"/>
City: <input type="text"/>	Country: <input type="text"/>

Enter the residence information that you have. Click the Save button and then click NEXT to move to the next screen.

3.2.3. DECEDENT PERSONAL DATA

On the Decedent personal data screen you will enter the following information about the decedent -

- i. Race; you may choose to select as many races as the informant provides you with.
- ii. Hispanic origin
- iii. Education
- iv. Citizenship
- v. Occupation
- vi. Business / industry.

Electronic Death Registration System
 User: Fh_Dir_Last_Name(FH_DIR)
 Facility: Xyz Funeral Home (West End)

Death Registration Menu | **Decedent Personal Data** | Case#: 5000; Decedent: GRISHAM, JOHN

Demographics

- Decedent Information
- Decedent Residence
- Decedent Personal Data**
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC

Medical Certification

- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

Decedent's Race

White

Native Hawaiian

Samoan

American Indian Or Alaska Native Tribe(S)

Other Asian Specify

Other Pacific Islander Specify

Other Specify

Unknown

Black Or African American

Filipino

Vietnamese

Chinese

Asian Indian

Guamanian Or Chamorro

Japanese

Korean

Hispanic Origin: MEXICAN

Other Hispanic Origin:

Education: 10-Tenth Grade

Country of Citizenship: UNITED STATES OF AMERICA

Usual Occupation: TRUCK DRIVER

Kind of Business/Industry: TRANSPORT

Save Undo Previous Next

[EDIPSD](#)

Save the information, then click on NEXT.

3.2.4. SOCIAL SECURITY NUMBER VERIFICATION (Funeral Directors Only)

- **NOTE - ALL ILLUSTRATIONS INCLUDE TEST DATA**
- The EDRS requires that you have completed all the DEMOGRAPHIC INFORMATION screens prior to attempting SSN Verification.
- Once you have all demographic information about the decedent, you have 5 attempts to provide correct information about the decedent and verify the SSN against the Social Security Administration's (SSA) database. The required information about the decedent for SSN verification is First Name, Last Name, Gender, Date of Birth and the SSN.

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Electronic Death Registration System

User: Xyz_Fh_Dir Xyz_Fh_Dir(XYZ_FH_DIR)
Facility: Xyz Funeral Home (Southside)

Case#: 540; Decedent: SNICKLES,CORNELL

Death Registration Me Decedent Information

Demographics

- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC
- Medical Certification**
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

First Name: CORNELL Middle Name: JEROME Last Name: SNICKLES Maiden Name: Suffix:

Gender: MALE Date of Birth: 11/15/1975 (mm/dd/yyyy) Date of Death: 08/16/2014 (mm/dd/yyyy) Was Decedent ever in Armed Forces?: YES

Also Known As (A. K. A.): None [Add](#)

Age at Time of Death: Years: 38 OR Months/Days: OR Hours/Minutes: OR

Place of Birth: US State of Birth: Virginia OR Foreign Country of Birth:

Social Security Number: 545 - 54 - 5461 SSN verify status: **Unknown** No of attempts remaining: 5

OR Available None Unknown Not Obtainable

[EDUDEC](#)

- Upon clicking the VERIFY SSN button, you will see a message in red indicating that a verification request has been submitted to the Social Security Administration. (See Illustration below)

First Name: GINA Middle Name: ANNAANBOBANNA Last Name: ALLEN Maiden Name: Suffix:
 Gender: FEMALE Date of Birth: 10/21/1961 Date of Death: 02/15/2015 Time of Death: 12:12 PM Time of Death Modifier: Actual Time Of Death
 Was Decedent ever in Armed Forces?: NO
 Also Known As (A. K. A): None
 Age at Time of Death: Years: 53 OR Months/Days: OR Hours/Minutes:
 Place of Birth: US State of Birth: Delaware OR Foreign Country of Birth:
 Social Security Number: 430 - 14 - 2305 Verify SSN SSN verify status: CHANGED No of attempts remaining: 3
 OR
 Available None Unknown Not Obtainable
RELOAD A request to verify the SSN has been submitted to the Social Security Administration, it may take few seconds. Click on "RELOAD" button to see the verification results.

- Additionally, the system shall display a SSN Verification History at the bottom of the decedent information page. At first, the verification status shall be NEW or PENDING. The "RELOAD" button along with the message stays on until a response has been received from Social Security Administration and then, the verification status shall change to the actual response from SSA (not NEW or PENDING).

First Name: EVA Middle Name: ELIZABETH Last Name: TIERRABLANCANNSMIR Maiden Name: Suffix:
 Gender: FEMALE Date of Birth: 06/08/1978 Date of Death: 02/15/2015 Time of Death: 12:12 PM Time of Death Modifier: Actual Time Of Death
 Was Decedent ever in Armed Forces?: NO
 Also Known As (A. K. A): None
 Age at Time of Death: Years: 36 OR Months/Days: OR Hours/Minutes:
 Place of Birth: US State of Birth: West Virginia OR Foreign Country of Birth:
 Social Security Number: 431 - 21 - 5801 Verify SSN SSN verify status: PENDING No of attempts remaining: 2
 OR
 Available None Unknown Not Obtainable
RELOAD A request to verify the SSN has been submitted to the Social Security Administration, it may take few seconds. Click on "RELOAD" button to see the verification results.

SSN Verification history

First Name	Middle Name	Last Name	SSN	Gender	Date of Birth	Attempt No	Verify Date	Verify Status
EVA	ELIZABETH	TIERRABLANCANNSMITHS	431215801	FEMALE	06/08/1978	3	03/23/2015 - 10:55:04	PENDING
EVAM	ELIZABETH	TIERRABLANCANNSMITHS	431215801	FEMALE	06/08/1978	2	03/23/2015 - 10:46:50	FAILNAME
EVA	ELIZABETH	TIERRABLANCANNSMITHS	431215801	FEMALE	06/08/1978	1	02/24/2015 - 10:11:03	CHANGED

EDUD

- Once the verification has PASSED, 4 key fields (First-Name, Last-Name, Gender and Date-Of-Birth) are grayed-out, but these fields can still be edited. The SSN fields are locked and cannot be edited after a PASSED verification.

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Electronic Death Registration System

User: Integration Fh_Dir(INT_FH_DIR)
Facility: Colden Funeral Home

Death Registration Menu Decedent Information Case#: 531; Decedent: HAWKINS,MARGUERITETEENA

Demographics

- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC
- ▼ Medical Certification
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

First Name: MARGUERITETEENA	Middle Name: C	Last Name: HAWKINS	Maiden Name:
Gender: FEMALE	Date of Birth: 11/24/1924 (mm/dd/yyyy)	Date of Death: 08/08/2014 (mm/dd/yyyy)	Was Decedent ever in Armed Forces?:
ALSO KNOWN AS (A. K. A.) None Add			
Age at Time of Death		Place of Birth	
Years 89	If less than 1 year Months/Days	If under 1 day Hours/Minutes	US State of Birth
OR		OR	
Social Security Number 570 - 30 - 2909 Verify SSN SSN verify status: PASSED No of attempts remaining: 3			
OR <input checked="" type="radio"/> Available <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Not Obtainable			
<input type="button" value="Save"/> <input type="button" value="Undo"/> <input type="button" value="Next"/>			

[EDUDEC](#)

3.2.5. DECEDENT FAMILY

On this screen, select the marital status of the decedent. Enter names for the father and mother of the decedent.

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Electronic Death Registration System

User: Fh_Dir Last_Name(FH_DIR)
Facility: Xyz Funeral Home (West End)

Death Registration Menu Decedent Family Case#: 5000; Decedent: GRISHAM,JOHN

Demographics

- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC
- ▼ Medical Certification
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

Marital Status: Never Married			
Decedent's Father			
First Name: JAMES	Middle Name: 	Last Name: SMITH	Suffix:
Decedent's Mother			
First Name: JACKE	Middle Name: 	Last Name: 	Maiden Name: SMITH
<input type="button" value="Save"/> <input type="button" value="Undo"/> <input type="button" value="Previous"/> <input type="button" value="Next"/>			

[EDUFAM](#)

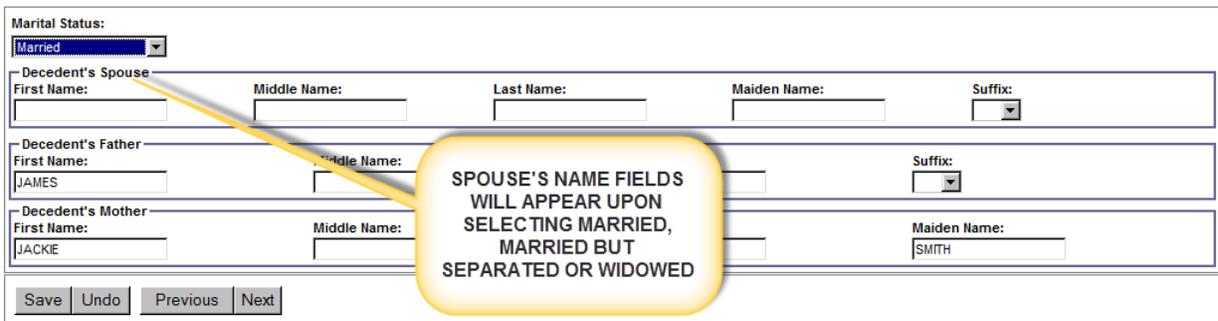
If you select marital status as MARRIED, MARRIED BUT SEPARATED, OR WIDOWED; the system will display fields for you to enter the spouse's name. (see illustration below)



Marital Status:

- Never Married
- Married
- Never Married
- Married but separated
- Divorced
- Widowed
- Unknown

Decedent Family Case#: 5000; Decedent: GRISHAM,JOH



Marital Status:

Decedent's Spouse

First Name: Middle Name: Last Name: Maiden Name: Suffix:

Decedent's Father

First Name: Middle Name: Suffix:

Decedent's Mother

First Name: Middle Name: Maiden Name:

SPOUSE'S NAME FIELDS WILL APPEAR UPON SELECTING MARRIED, MARRIED BUT SEPARATED OR WIDOWED

[EDUFAM](#)

Enter the information, save and then click on NEXT.

3.2.6. INFORMANT DATA

On this screen you will enter information about the informant or the source where you received the decedent's information where you learned about the decedent.

Death Registration Menu

Informant Data

Case#: 5000; Decedent: GRISHAM,JOHN

- ▲ **Demographics**
- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC
- ▼ **Medical Certification**
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

Source/Relationship:		Other/Medical Records (Specify):			
Father					
First Name:	Middle Name:	Last Name:	Maiden Name:	Suffix:	
JAMES		SMITH			
Save		Undo	Previous	Next	

[EDUINF](#)

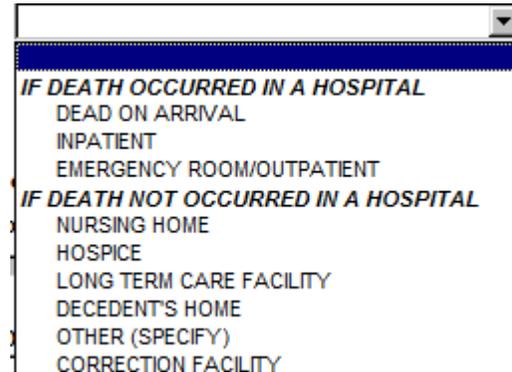
- If you select MOTHER or FATHER as the source / relationship, the EDRS will populate their names as entered on the previous screen.
- If you select OTHER / MEDICAL RECORDS as the source of information, you must enter information in the "SPECIFY" Text box.
- It is suggested that you select other and specify in the text box if the source of information was Law Enforcement.

Enter the information, save and then click on NEXT.

3.2.7. PLACE OF DEATH

This screen allows you to enter information regarding the decedent’s place of death.

- Select the Place of Death from the Dropdown list.



- Select the facility of death. To view a list of facilities, click on the blue “L” to open a pop-up window housing the various facilities. This list will be limited to the types of facilities select in the prior step.

- Below is an illustration of the pop-window listing the various facilities.

List of Facilities	
Name	Address
1ST MEDICAL GROUP	77 NEALY AVE , LANGLEY AFB, VA 23665
633RD MEDICAL GROUP	77 NEALY AVENUE , HAMPTON, VA 23665
AATEST HOSPITAL	TEST123 , RICHMOND, VA 23294
ACCOMACK COUNTY HEALTH DEPARTMENT	23191 FRONT STREET , ACCOMAC, VA 23301
ALLEGHANY REGION HOSPITAL	P.O. BOX 7 , LOW MOOR, VA 24457
AUGUSTA MEDICAL CENTER	96 MEDICAL CENTER DRIVE , FISHERSVILLE, VA 22939
BEDFORD MEMORIAL HOSPITAL	1613 OAKWOOD STREET , BEDFORD, VA 24523
BIRTH CENTER OF BLUE RIDGE INC.	2120 ANGUS ROAD , CHARLOTTESVILLE, VA 22901
BIRTHCARE & WOMENS HEALTH CERTIFIED MID-WIVES	1501 KING STREET , ALEXANDRIA, VA 22314
BON SECOURS ST. FRANCIS MEDICAL CENTER	13700 ST. FRANCIS BOULEVARD , MIDLOTHIAN, VA 23114
BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD , RICHMOND, VA 23226
BUCHANAN GENERAL HOSPITAL	ROUTE 5 BOX 20 , GRUNDY, VA 24614
CARILION FRANKLIN MEMORIAL HOSPITAL	180 FLOYD AVENUE , ROCKY MOUNT, VA 24151
CARILION NEW RIVER VALLEY MEDICAL CENTER	2900 TYLER ROAD , CHRISTIANSBURG, VA 24073
CARILION RADFORD COMMUNITY HOSPITAL	700 RANDOLPH STREET , RADFORD, VA 24141
CARILION ROANOKE COMMUNITY HOSPITAL	101 ELM AVE. SW , ROANOKE, VA 24029
CARILION ROANOKE MEMORIAL HOSPITAL	1906 BELLEVIEW AVENUE , ROANOKE, VA 24011
CARILION STONEWALL JACKSON HOSPITAL	1 HEALTH CIRCLE , LEXINGTON, VA 24450
CARILLON GILES MEMORIAL	1 TAYLOR AVENUE , PEARISBURG, VA 24134
CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD. NORTH , CHESAPEAKE, VA 23320
CHILDRENS HOSPITAL OF KINGS DAUGHTERS	800 OLNEY ROAD , NORFOLK, VA 23507
CJW MEDICAL CENTER - JAHNKE ROAD	7101 JAHNKE ROAD , RICHMOND, VA 23225
CJW MEDICAL CENTER - JOHNSTON-WILLIS DRIVE	1401 1401 JOHNSTON-WILLIS DRIVE DR , RICHMOND, VA 23235
CLINCH VALLEY MEDICAL CENTER	2949 WEST FRONT STREET , RICHLANDS, VA 24641
COLUMBIA RETREAT HOSPITAL	2621 GROVE AVENUE , RICHMOND, VA 23220
COMMUNITY MEMORIAL HEALTHCENTER	125 BUENA VISTA CIRCLE , SOUTH HILL, VA 23970
CULPEPER REGIONAL HOSPITAL	501 SUNSET LANE , CULPEPER, VA 22701
DANVILLE REGIONAL MEDICAL CENTER	142 SOUTH MAIN ST. , DANVILLE, VA 24541
DEMO HOSPITAL	109 GOVERNOR ST , RICHMOND, VA 23219

- Wild card search - To perform a wild card search, enter the first few letters of the desired facility name before the % sign in the "FIND" text box and click on find. For example – searching by BO% will return the following results

List of Facilities	
Name	Address
BON SECOURS ST. FRANCIS MEDICAL CENTER	13700 ST. FRANCIS BOULEVARD , MIDLOTHIAN, VA 23114
BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD , RICHMOND, VA 23226

- Once you have selected the desired facility from this list, the system will populate the address of the facility in the address fields below. (See illustration below)

Facility Name: [L](#)

Address of the place of death

Check here if Decedent Home address is same as Decedent's Residence

Complete US Address Partial US Address

Street Number:	Pre-Directional:	Street Name:	Street Suffix:	Post-Directional:	Apt #
<input type="text"/>	<input type="text"/>	<input type="text" value="5801 BREMO ROAD"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code:	City:	State:	Postal County:	County (if other than postal):	
<input type="text" value="23226"/> L	<input type="text" value="RICHMOND"/>	<input type="text" value="Virginia"/>	<input type="text" value="HENRICO COUNTY"/>	<input type="text"/>	

3.2.7.1. FACILITY NOT IN LIST

- i. For all facility types other than HOSPITALS, if the facility you wish to enter is not in the list, you may enter a new facility by clicking on the NEW FACILITY button at the bottom of the list in the pop-up window (See Illustration Below).

The screenshot shows a web browser window with a list of facilities. The browser title is "Facility LOV - Windows Internet Explorer provided by VA IT Infrastructure Partnership". The list contains the following facilities and addresses:

TYLERS RETREAT AT IRON BRIDGE	12001 IRON BRIDGE ROAD , CHESTER, VA 23831
VALLEY HEALTH CARE CENTER	940 EAST LEE HIGHWAY , CHILHOWIE, VA 24319
VIA HEALTH CARE-THE HERMITAGE	1600 WESTWOOD AVENUE , RICHMOND, VA 23227
VIRGINIA BAPTIST HOSPITAL LTC	RIVERMONT AVENUE , LYNCHBURG, VA 24503
VIRGINIA BEACH HEALTHCARE & REHAB CTR	1801 CAMELOT DRIVE , VIRGINIA BEACH, VA 23454
VIRGINIA HOME, THE	1101 HAMPTON STREET , RICHMOND, VA 23220
VIRGINIA VETERANS CARE CENTER	4550 SHENANDOAH AVENUE, NORTHWEST , ROANOKE, VA 24017
VIRGINIAN, THE	9229 ARLINGTON BOULEVARD , FAIRFAX, VA 22031
VRMC, COMPLETE LIVING CARE	1475 VIRGINIA AVENUE , HARRISONBURG, VA 22802
WADDELL NURSING HOME	202 PAINTER STREET , GALAX, VA 24333
WALTER REED CONVALESCENT CENTER	7602 MEREDITH DRIVE , GLOUCESTER, VA 23061
WARREN MEMORIAL HOSPITAL LTC	SHENANDOAH AVENUE , FRONT ROYAL, VA 22630
WASHINGTON HOUSE, THE	5100 FILLMORE AVENUE , ALEXANDRIA, VA 22311
WAVERLY HEALTH & REHABILITATION CENTER	456 EAST MAIN STREET , WAVERLY, VA 23890
WAYLAND NURSING AND REHAB CENTER	730 LUNENBURG HIGHWAY , KEYSVILLE, VA 23947
WEST-CANTERBURY -CHESAPEAKE BA	3100 SHORE DRIVE , VIRGINIA BEACH, VA 23451
WESTMINSTER AT LAKE RIDGE	12185 CLIPPER DRIVE , LAKE RIDGE, VA 22192
WESTMINSTER CANTERBURY	1600 WESTBROOK AVENUE , RICHMOND, VA 23227
WESTMINSTER-CANTERBURY	250 PANTOPS MOUNTAIN ROAD , CHARLOTTESVILLE, VA 22911
WESTMINSTER-CANTERBURY	501 V.E.S. ROAD , LYNCHBURG, VA 24503
WESTMORELAND REHAB & HLTHC	2400 MCKINNEY BOULEVARD , COLONIAL BEACH, VA 22443
WESTPORT REHABILITATION & NURSING	1800 FOREST AVENUE , RICHMOND, VA 23226
WESTWOOD CENTER	WESTWOOD MEDICAL PARK , BLUEFIELD, VA 24605
WINDSORMEADE OF WILLIAMSBURG	WINDSOR HALL DRIVE , WILLIAMSBURG, VA 23188
WOODBINE REHAB & HEALTHCARE CENTER	STREET, ALEXANDRIA , ALEXANDRIA, VA 22302
WOODHAVEN HALL AT WILLIAMSBURG LANDING	WIRG LANDING DR. , WILLIAMSBURG, VA 23185
WOODHAVEN NURSING HOME	GROUP, VALEM TURNPIKE , MONTVALE, VA 24122
WOODLANDS HEALTH & REHAB CTR, THE	WFTON FORGE, VA 24422
WOODMONT CENTER	BURG, VA 22404
WOODVIEW, THE	BOSTON, VA 24592
WYBE & MARIETJE KROONTJE HCC, THE	10000 VIRG, VA 24060
WYTHE COUNTY COMMUNITY HOSPITAL LTC	WEST P, LE, VA 24382
YORK CONVALESCENT CENTER	113 BA, VA 23692

At the bottom of the list, there is a text box that says "If the required facility is not available in the list, system allows you to add it." and a button labeled "New Facility". A large red arrow with the text "CLICK HERE" points to the "New Facility" button.

- ii. This will allow you to enter information in the Facility name and address fields. The page will indicate that the facility you have chosen is subject to approval by the Division of Vital Records (DVR). Once the facility has been approved by DVR, other users of the EDRS may select this from the list of values.

Place of Death Case#: 5000; Decedent: GRISHAM,JOH

Changes are saved successfully. !

Place of Death: Other (Specify):

Facility Name: Facility waiting for Approval

Address of the place of death

Check here if Decedent Home address is same as Decedent Home address:

Complete US Address Partial US Address

Street Number: Pre-Directional: Street Name: Street Suffix: Post-Directional: Apt #:

Zip Code: City: State: Postal County: County (if other than postal):

[EDUPLD](#)

After entering all information, save and click on NEXT.

3.2.8. DISPOSITION

- Begin by selecting the method of disposition from the dropdown list.

Method of Disposition:

▼

Burial

Burial at Sea

Cremation/Incineration

Donation

Entombment/Mausoleum

Removal from state

Other

- Click on the blue “L” to select the disposition facility. This will open a pop up window with a list of facilities matching the method of disposition select in the prior step. Selecting a facility will also populate the address of the facility in the address fields.

Name of Disposition Facility: L

Address of the place of disposition

Complete US Address Partial US Address Foreign Countries

Street Number: Pre-Directional: Street Name: Street Suffix: Post-Directional: Apt #

Zip Code: City: State: Postal County: County (if other than postal):

- If REMOVAL from state is selected as the method of disposition, the EDRS will display fields for you to enter the final method of disposition. If you are unsure of the final method of disposition, you may leave it blank, but you must enter an address for the place of final disposition.

Disposition Case#: 5000; Decedent: GRISHAM,JOH

Method of Disposition:

Final Method of Disposition: L

Other (Specify):

Name of Disposition Facility:

Address of the place of disposition

Complete US Address Partial US Address Foreign Countries

Street Number: Pre-Directional: Street Name: Street Suffix: Post-Directional: Apt #

Zip Code: City: State: Postal County: County (if other than postal):

This field will appear upon selecting the method of disposition as REMOVAL FROM STATE

[EDIDIS](#)

Enter all information, save and click on NEXT

- If you are a funeral home staff member, you will get a message indicating that only the Funeral Home Director or VSAP may sign the case.
- If you are a Funeral Director, you will get a screen to digitally sign the case.

3.3. CREATING A CASE FOR THE VIRGINIA STATE ANATOMICAL PROGRAM (VSAP)

- There may be a scenario where you must create case with the METHOD OF DISPOSITION as Donation. This is for the donation of bodies to science within the state of Virginia via the VSAP.
- To do this, make sure that the method of disposition has been selected as DONATION

Method of Disposition:		Other (Specify):			
<input type="text" value="Donation"/>		<input type="text"/>			
Name of Disposition Facility: <input type="text" value="VIRGINIA STATE ANATOMICAL PROGRAM"/> L					
Address of the place of disposition					
<input type="radio"/> Complete US Address <input type="radio"/> Partial US Address <input type="radio"/> Foreign Countries					
Street Number:	Pre-Directional:	Street Name:	Street Suffix:	Post-Directional:	Apt #
<input type="text" value="400"/>	<input type="text" value="EAST"/>	<input type="text" value="JACKSON"/>	<input type="text" value="ST"/> <input type="text" value="STREET"/>	<input type="text"/>	<input type="text"/>
Zip Code:	City:	State:	Postal County:	County (if other than postal):	
<input type="text" value="23219"/> L	<input type="text" value="RICHMOND"/>	<input type="text" value="Virginia"/>	<input type="text" value="RICHMOND"/>	<input type="text" value="RICHMOND"/> L	
Save Undo Previous Next					

[EDIDIS](#)

- Complete as much demographic information as you can until you reach the e-signature page. The e-signature page will indicate that this case must be assigned to VSAP in an unsigned manner. Click on the SUBMIT button at the bottom of the page.

VSAP Assignment Case#: 5004; Decedent: SMITH,JOHNY

VSAP Assignment

You have entered a method of disposition as DONATION which indicates that this case needs to be reviewed by VSAP. By selecting submit, the system shall transfer the case to the VSAP and you would lose ownership of the case. Once the Demographics are completed, case needs to be assigned for OFFICE OF VIRGINIA STATE ANATOMICAL PROGRAM.

By Clicking Submit, the case will be referred to

VIRGINIA STATE ANATOMICAL PROGRAM
400 JACKSON
RICHMOND,23219-VA

<input type="button" value="Submit"/>	<input type="button" value="Previous"/>
---------------------------------------	---

4. DEMOGRAPHICS CERTIFICATION (DIGITAL SIGNATURE)

4.1. LOCATING A CASE

- Login as the Funeral Director for your facility and navigate to the EDRS home screen. If your staff has already created the case, it will be available in your active case list for you to select. Select the case by clicking on the case ID in the active cases list.

Electronic Death Registration System

User: Fh_Dir Last_Name(FH_DIR)
Facility: Xyz Funeral Home (West End)

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- E-Amendments
- Pending Permits
- Approved Permits
- Dis/Reinterment Request
- Reports/Extracts
- Change Facility
- User Preferences
- Message Center
- EDRS Menu
- VVESTS Menu
- Logout

Case ID	DOD	Current Owner	Status
5000	08/20/2014	XYZ FUNERAL HOME (WEST END)	Case Creation
4970	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification Requested
4969		FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed (Provisional)
4932	03/21/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified
4925	01/01/2010	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
4924	01/01/2000	DRKAY (OCME - CENTRAL DISTRICT)	Medical Information Certified
4885	05/15/2013	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4843	01/01/2000	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4763	01/01/2010	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4410	01/01/2010	VITAL RECORDS	Filed with DVR

1 - 10 of 119 Click Active Cases for Complete List

[EDVHOM](#)

- On the resulting page, Click on the signature link in the left navigation bar.

Electronic Death Registration System

User: Fh_Dir Last_Name(FH_DIR)
Facility: Xyz Funeral Home (West End)

Death Registration Menu

- ▼ Demographics
 - Decedent Information
 - Decedent Residence
 - Decedent Personal Data
 - Decedent Family
 - Informant Data
 - Place of Death
 - Disposition
 - eSignature
 - Request MC
- ▼ Medical Certification
 - Case Validation
 - Case Summary
 - Case Comments
 - Preview Certificate
 - Create/Print Forms
- EDRS Menu
- Logout

Case Summary Case#: 5000; Decedent: JOHN, GRISHA

[Purge Case](#) [Back to List](#) [Case History](#)

Case Type

Case Type	Green Border	Created By	XYZ FUNERAL HOME (WEST END)
Is this Case for Other District?	Not Applicable	Is decedent body viewed at District?	Not Applicable

Status Details

Signed By:	
Certified By:	
Owned By:	XYZ FUNERAL HOME (WEST END)
Funeral Home:	XYZ FUNERAL HOME (WEST END)
Date Last Modified:	08/22/2014 03:03:12 PM

Demographics

Decedent		Edit	
Name:	JOHN, GRISHAM	Gender:	MALE
Age:	33 Years	Place of Birth:	Indiana
Date of Death:	08/20/2014 00:00:00 AM	Date of Birth:	03/19/1981 00:00:00 AM
Decedent ever in Armed Forces ?	NO	Social Security Number:	Unknown
Residence Address		Edit	
Address:	109 GOVERNOR ST RICHMOND VIRGINIA 23219		
Decedent Personal Data		Edit	

4.2. DIGITAL SIGNATURES

- Below is an illustration of the Digital Signature screen.

Demographics - eSignature Case#: 5000; Decedent: JOHN, GRISHAM

I affirm under the penalty of perjury that I am the authorized signatory whose name will appear on this certificate

You must enter your secured pin for verification to continue.

Enter Pin:	<input type="text"/>	
Re-enter Pin:	<input type="text"/>	

Note: Entering your secure PIN and clicking on Submit will electronically sign this Death Certificate. Your electronic signature is legally binding.

[EDIDCT](#)

- Check the acknowledgement checkbox. Enter and Re-Enter your PIN, then click on SUBMIT.
- A confirmation message will indicate that the case was successfully certified.

5. REQUESTING MEDICAL CERTIFICATION

Once a death record has been created at your facility and signed by a Funeral Director or a licensee, you may request the Medical Certifier to digitally certify the case. *Caveat: if the medical certifier has not signed up to be an EDRS user, you will need to print the signed certificate using the DROP TO PAPER function explained in section 6 right after this section.*

- To begin requesting medical certification, select the case from the active cases list.

Electronic Death Registration System

User: Fh_Dir Last Name(FH_DIR)
Facility: Xyz Funeral Home (West End)

Case Summary Case#: 5000; Decedent: JOHN, GRISHAM

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
5000		JOHN, GRISHAM	MALE	03/19/1981	08/20/2014	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4970		JAVA, SUMATRA	MALE	01/01/2010	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification Requested
4969			FEMALE			FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed (Provisional)
4932			MALE	03/21/2014	05/27/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Information Certified
4925	Green Border		MALE	01/01/2010	01/01/2014	PHYS_LME (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
4924	RB - OCME			01/01/2000	05/01/2014	DRKAY (OCME - CENTRAL DISTRICT)	Medical Information Certified
4885	Green Border				01/01/2013	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4843	RB - LME	SAAD10			01/01/2014	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4763	Green Border	JEFF, DUNHAM		01/01/2010	07/11/2013	FH_DIR (XYZ FUNERAL HOME (WEST END))	Personal Information Signed
4410	Green Border	JOJO, JONES		01/01/2010	01/01/2012	VITAL RECORDS	Filed with DVR

1 - 10 of 119 Click Active Cases for Complete list

[EDVHOM](#)

- Click on the REQUEST MC Link in the left navigational bar. This link is housed under the DEMOGRAPHICS section of the decedent information.

Death Registration Menu

Case Summary

▼ **Demographics**

- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Place of Death
- Disposition
- eSignature
- Request MC
- ▼ Medical Certification
- Case Validation

CLICK HERE

- On the resulting page, search for the medical certifier you wish to assign the case to. To search, enter the search criteria and click on query

Request Medical Certification Case#: 5000; Decedent: JOHN, GRISHAM

Search for the Physician

First Name
 Middle Name
 Last Name
 Title
 Facility



[EDOPHY](#)

- Select the desired medical certifier from the list of results. The illustration below shows only one result, but if more certifiers match the search criteria entered, the list will reflect that. CLICK ON SELECT

Request Medical Certification Case#: 5000; Decedent: JOHN, GRISHAM

List of Medical Certifiers					
Name	License Number	Title	Facility	Address	
SAMEER, GUPTA	290348	Medical Doctor	BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD RICHMOND VA 23226	<input type="button" value="Select"/>

Your search returned 1 records. Records 1 through 1 are displayed.

- On the resulting page, click on the TRANSFER TO MEDICAL CERTIFIER LINK

Request Medical Certification Case#: 5000; Decedent: JOHN, GRISHAM

REQUEST MEDICAL CERTIFICATION

Facility Name: BON SECOURS ST. MARY'S HOSPITAL	Name: SAMEER GUPTA
Address: 5801 BREMO ROAD RICHMOND VA23226	Title: Medical Doctor
	Phone:

Medical Certification yet to assign or pending.



[EDIPHY](#)

A success message will indicate that the case has been successfully transferred to the medical certifier.

6. DROP TO PAPER

In a scenario where the medical certifier, who must sign the cause of death on the case, is not an EDRS user, you must print the signed certificate using the DROP TO PAPER function. Remember, a funeral director from your establishment must have DIGITALLY SIGNED the demographics before you can drop the case to paper.

- STEP 1-** To begin, navigate to the desired record's CASE SUMMARY by clicking on the link in the left navigation bar. The case summary will also appear when you select the case from the active cases list of your establishment.

The screenshot shows the 'Death Registration Menu' on the left and 'Case Summary' on the right. The menu items are: Demographics, Medical Certification, Place of Death, Determination of Death, Cause of Death, Other Factors, Certification, Assign to FH/VSAP, Case Validation, Case Summary, Case Comments, and Case Events. A red arrow points to the 'Case Summary' item.

- STEP 2-** Click on the DROP to PAPER link at the top of the page to print the Death Certificate. The EDRS will guide you through two more pages where you would be required to SUBMIT.

The screenshot shows the 'Case Summary' page for Case # 5000, Decedent: JOHN, GRISHAM. A red arrow points to the 'Drop to Paper' link in the top left corner. The page contains several sections: Case Type, Status Details, and Demographics.

Case Type		Status Details	
Case Type	Green Border	Signed (Completed)	Signed By: FH_DIR_LAST_NAME
Is this Case for Other District?	Not Applicable	Medical Certification Status: Pending	Certified By:
		Current Status: Medical Certification Request - Rejected	Owned By: XYZ FUNERAL HOME (WEST END)
		SSN Verification Status: Unknown	Funeral Home: XYZ FUNERAL HOME (WEST END)
		Date Created: 08/22/2014 01:27:22 PM	Date Last Modified: 08/29/2014 10:35:39 AM

Demographics			
Name:	JOHN, GRISHAM	Gender:	MALE
Age:	33 Years	Place of Birth:	Indiana
Date of Death:	08/20/2014 00:00:00 AM	Date of Birth:	03/19/1981 00:00:00 AM
Decedent ever in Armed Forces ?:	NO	Social Security Number:	Unknown

7. CREATE / PRINT FORMS

7.1. CREATE / PRINT FORMS LINK

Every death record in the EDRS has a CREATE / PRINT FORMS link associated with it. Under this link, you will be able to create and print the following:

- Cremation certificates
- Cremation certificates for donation of bodies to science.
- Disinterment and Reinterment Permits
- Out of State Transit Permits
- Communicable Disease letter
- A decedent demographics report

There are certain conditions and stipulations associated with creating and printing the forms listed above. This will be explained more in their respective section.

To get to the CREATE / PRINT FORMS link, select the desired case in the EDRS. Once you have selected the case, the CREATE / PRINT FORMS Link will appear in the left navigation bar.

Death Registration Menu	Case Summary	Case#: 5000; Decedent: JOHN, GRISHAM																																																																												
<ul style="list-style-type: none">Demographics<ul style="list-style-type: none">Decedent InformationDecedent ResidenceDecedent Personal DataDecedent FamilyInformant DataPlace of DeathDispositioneSignatureRequest MCMedical Certification<ul style="list-style-type: none">Case ValidationCase SummaryCase CommentsPreview CertificateCreate/Print FormsEDRS MenuLogout	<table border="1"><thead><tr><th colspan="4">Case Type</th></tr></thead><tbody><tr><td>Case Type</td><td>Green Border</td><td>Created By</td><td>XYZ FUNERAL HOME (WEST END)</td></tr><tr><td>Is this Case for Other District?</td><td>Not Applicable</td><td>Is decedent body viewed at District?</td><td>Not Applicable</td></tr></tbody></table> <table border="1"><thead><tr><th colspan="4">Status Details</th></tr></thead><tbody><tr><td>Case Id:</td><td>5000</td><td>Signed By:</td><td>FH_DIR_LAST_NAME</td></tr><tr><td>Demographics Status:</td><td>Signed (Completed)</td><td>Certified By:</td><td>SAMEER, GUPTA</td></tr><tr><td>Medical Certification Status:</td><td>Certified (Completed)</td><td>Owned By:</td><td>VITAL RECORDS</td></tr><tr><td>Current Status:</td><td>Filed with DVR</td><td>Funeral Home:</td><td>XYZ FUNERAL HOME (WEST END)</td></tr><tr><td>SSN Verification Status:</td><td>Unknown</td><td>Date Last Modified:</td><td>08/29/2014 10:50:49 AM</td></tr><tr><td>Date Created:</td><td>08/22/2014 01:27:22 PM</td><td></td><td></td></tr></tbody></table> <table border="1"><thead><tr><th colspan="4">Demographics</th></tr></thead><tbody><tr><td colspan="4">Decedent Edit</td></tr><tr><td>Name:</td><td>JOHN, GRISHAM</td><td>Gender:</td><td>MALE</td></tr><tr><td>Age:</td><td>33 Years</td><td>Place of Birth:</td><td>Indiana</td></tr><tr><td>Date of Death:</td><td>08/20/2014 00:00:00 AM</td><td>Date of Birth:</td><td>03/19/1981 00:00:00 AM</td></tr><tr><td>Decedent ever in Armed Forces ?:</td><td>NO</td><td>Social Security Number:</td><td>Unknown</td></tr><tr><td colspan="4">Residence Address Edit</td></tr><tr><td>Address:</td><td colspan="3">109 GOVERNOR ST RICHMOND VIRGINIA 23219</td></tr><tr><td colspan="4">Decedent Personal Data Edit</td></tr></tbody></table>	Case Type				Case Type	Green Border	Created By	XYZ FUNERAL HOME (WEST END)	Is this Case for Other District?	Not Applicable	Is decedent body viewed at District?	Not Applicable	Status Details				Case Id:	5000	Signed By:	FH_DIR_LAST_NAME	Demographics Status:	Signed (Completed)	Certified By:	SAMEER, GUPTA	Medical Certification Status:	Certified (Completed)	Owned By:	VITAL RECORDS	Current Status:	Filed with DVR	Funeral Home:	XYZ FUNERAL HOME (WEST END)	SSN Verification Status:	Unknown	Date Last Modified:	08/29/2014 10:50:49 AM	Date Created:	08/22/2014 01:27:22 PM			Demographics				Decedent Edit				Name:	JOHN, GRISHAM	Gender:	MALE	Age:	33 Years	Place of Birth:	Indiana	Date of Death:	08/20/2014 00:00:00 AM	Date of Birth:	03/19/1981 00:00:00 AM	Decedent ever in Armed Forces ?:	NO	Social Security Number:	Unknown	Residence Address Edit				Address:	109 GOVERNOR ST RICHMOND VIRGINIA 23219			Decedent Personal Data Edit				<p>Back to List Case History</p>
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Decedent Personal Data Edit																																																																														

Clicking on this link will display a list of forms you may have access to and their respective status. (See illustration below)

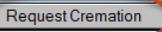
Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	New/Pending	Create/New
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Case require to be disposed in Cemetery/Entombment/Mausoleum AND assigned a state file number	N/A
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	New/Pending	Create/New
Demographics Preview	Demographics Preview	Ready for Print	Print Now

7.2. CREMATION CERTIFICATES

- Once a medical certifier has digitally certified the cause of death on the case assigned to them by your establishment, you will be able to see a Create / New link for the cremation certificate. This link will allow you to electronically request cremation clearance from the Local Medical Examiner. Click on this link.

Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	New/Pending	Create/New
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Case require to be disposed in Cemetery/Entombment/Mausoleum AND assigned a state file number	N/A
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	New/Pending	Create/New
Demographics Preview	Demographics Preview	Ready for Print	Print Now

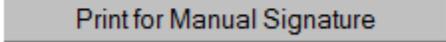
- On the resulting page, select the desired LME from the list of LMEs in the pop up window opened by clicking on the 'L' next to the LME text box. This will also populate the address for that LME. Then click on the REQUEST CREMATION button at the bottom of the page. A success message will indicate that the cremation has been successfully requested.

Requester Details	
Facility Name:	XYZ FUNERAL HOME (WEST END)
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294
Decedent Details	
First Name:	JOHN
Last Name:	GRISHAM
Age:	33 Years
Gender:	MALE
Middle Name:	
Maiden Name:	
Date Of Death:	
Decedent Race	
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown	
Medical Examiner	
Name of Medical Examiner:	DR. MARK, PRINCE (LME)  400 JACKSON RICHMOND VA 23219
Medical Examiner's Facility:	
Status	
Status  	

CLICK HERE TO SELECT A LME FROM THE POP UP LIST

[EDUCCR](#)

- On the next page, you will see an option to PRINT FOR MANUAL SIGNATURE. This option must be used if the LME signing the certificate does not have access to a computer when they arrive to view the body.

Status	
Status	Approval for cremation certificate requested from listed Medical Examiner.
	

- Once the LME has approved the certificate electronically, the status of the cremation certificate will change to PRINT NOW. When you click on the PRINT NOW button, the cremation certificate will open in a new window in a .PDF format for you to print.

Form/Permit	Description	Status
Cremation Certificate	Permit required to dispose of body remains by cremation	Approved and Ready to print Print Now

7.3. CREMATION CERTIFICATES FOR DONATION OF BODIES TO SCIENCE

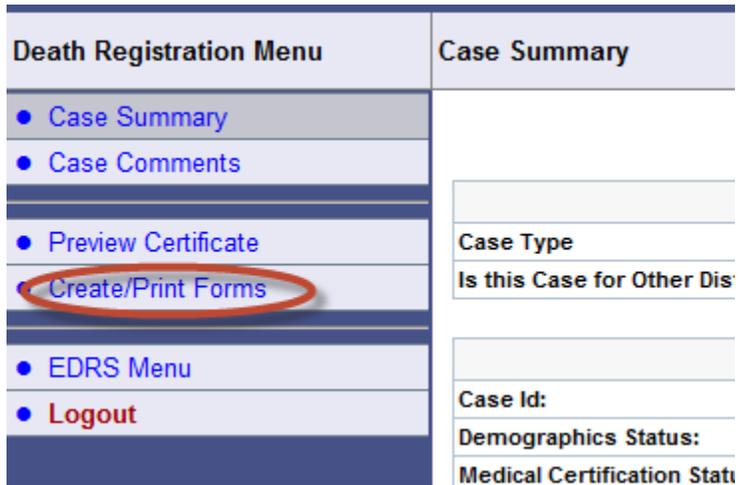
- This option is only available to users of the VIRGINIA STATE ANATOMICAL PROGRAM (VSAP)**

7.4. DISINTERMENT, TRANSIT AND REINTERMENT PERMITS.

- In order to obtain a Disinterment, and Reinterment Permit, the death record must have been assigned a state file number by the Division of Vital Records (DVR). Once a record has been certified by DVR, it will be available under the COMPLETED CASES list in the EDRS.



- After locating the case and selecting it, navigate to the Create / Print Forms Section pertaining to the desired case.



- Click on the CREATE / NEW link for the appropriate permit

Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	Waiting for Approval	Update/Request
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	New/Pending	Create/New (circled in red)
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	New/Pending	Create/New
Demographics Preview	Demographics Preview	Ready for Print	Print Now

[EDIPRF](#)

- On the resulting page, select the method and place of disposition. And click on save

Requester Details			
Funeral Home:	XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294		
Decedent Details			
First Name:	JOHN	Middle Name:	
Last Name:	GRISHAM	Maiden Name:	
Age:	33 years	Date Of Death:	08/20/2014
Gender:	MALE		
Decedent Race			
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown			
Place of Disinterment			
Place of Disposition:	BERMUDA MEMORIAL PARK 1901 BERMUDA HUNDRED ROAD CHESTER VIRGINIA 23831 L		
Place of Reinterment			
Method of Disposition:	<input checked="" type="radio"/> Burial <input type="radio"/> Entombment/Mausoleum <input checked="" type="radio"/> Cremation/Incineration		
Place of Disposition:	AUGUSTA MEMORIAL PARK L		
Street Address:	1775 GOOSE CREEK ROAD	Zip Code:	22980 L
City:	WAYNESBORO	State:	VA
Foreign City:		Foreign State:	
Foreign Zip:			
<input type="button" value="Save"/> <input type="button" value="Undo"/>			

[EDIDRP](#)

- Then click on Review and SUBMIT

Changes are saved successfully. !

Requester Details			
Funeral Home:	XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294		
Decedent Details			
First Name:	JOHN	Middle Name:	
Last Name:	GRISHAM	Maiden Name:	
Age:	33 years	Date Of Death:	08/20/2014
Gender:	MALE		
Decedent Race			
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown			
Place of Disinterment			
Place of Disposition:	BERMUDA MEMORIAL PARK 1901 BERMUDA HUNDRED ROAD CHESTER VIRGINIA 23831 L		
Place of Reinterment			
Method of Disposition:	<input checked="" type="radio"/> Burial <input type="radio"/> Entombment/Mausoleum <input checked="" type="radio"/> Cremation/Incineration		
Place of Disposition:	AUGUSTA MEMORIAL PARK L		
Street Address:	1775 GOOSE CREEK ROAD	Zip Code:	22980 L
City:	WAYNESBORO	State:	VA
Foreign City:		Foreign State:	
Foreign Zip:			
<input type="button" value="Save"/> <input type="button" value="Review and Submit"/>			

[EDUDRP](#)

- Finally, you must digitally sign the request for it to be submitted to the Local Health Department.

Requester Details	
Funeral Home:	
Address:	
Decedent Details	
First Name:	JOHN
Middle Name:	
Last Name:	GRISHAM
Maiden Name:	
Age:	
Date Of Death:	08/20/2014
Gender:	MALE
Decedent Race	
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown	
Place of Disinterment	
Place of Disposition:	BERMUDA MEMORIAL PARK 1901 BERMUDA HUNDRED ROAD CHESTER VIRGINIA 23831
Place of Reinterment	
Method of Disposition:	Burial
Place of Disposition:	AUGUSTA MEMORIAL PARK 1775 GOOSE CREEK ROAD WAYNESBORO VIRGINIA 22980
<input checked="" type="checkbox"/> I affirm under the penalty of perjury that I am the authorized signatory whose name will appear on this certificate	
Enter Pin:	<input type="password"/>
Re-enter Pin:	<input type="password"/>
	
Note: Entering your secure PIN and clicking on Submit will electronically sign this Death Permit. Your electronic signature is legally binding.	
<input type="button" value="Submit for Approval"/> <input type="button" value="Undo"/>	

[EDUDRP](#)

A message stating changes are saved successfully indicates that your request has been successfully submitted to the Local Health Department.

Changes are saved successfully. !

Requester Details	
Funeral Home:	XYZ FUNERAL HOME (WEST END)
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294
Decedent Details	
First Name:	JOHN
Middle Name:	
Last Name:	GRISHAM
Maiden Name:	
Age:	
Date Of Death:	08/20/2014
Gender:	MALE
Decedent Race	
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown	
Place of Disinterment	
Place of Disposition:	BERMUDA MEMORIAL PARK 1901 BERMUDA HUNDRED ROAD CHESTER VIRGINIA 23831
Place of Reinterment	
Method of Disposition:	Burial
Place of Disposition:	AUGUSTA MEMORIAL PARK 1775 GOOSE CREEK ROAD WAYNESBORO VIRGINIA 22980
Status	
Status:	Submitted
Permit request submitted to	
Facility:	CHESTERFIELD COUNTY - LOCAL HEALTH DEPARTMENT
<input type="button" value="Permit Summary"/>	

[EDUDRP](#)

- Once approved by the Local Health Department, you may print the permit by clicking on the PRINT NOW button at the CREATE / PRINT FORMS page.

Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Approved and ready to print	Print Now
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7.5. OUT OF STATE TRANSIT PERMITS

- In order for your funeral home to request an Out of State Transit Permit, the primary method of disposition must have been selected as REMOVAL FROM STATE.
- To begin, navigate to the CREATE / PRINT FORMS link for the case you wish to request a transit permit for. On this page, you will find a CREATE / NEW link for the OUT OF STATE TRANSIT PERMIT.

Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	New/Pending	Create/New
-----------------------------	---	-------------	----------------------------

- Click on this link to view the blank form for a Out of State Transit Permit request. Enter the Funeral Home / Removal Service information and click on the save button at the bottom of the page.

Out of State Transit Permit		Case#: 4885; Decedent: JOHNY, SMITH	
Decedent Demographics Information			
Full Name Of Deceased:	JOHNY, SMITH	Age:	7 Months and 17 Days
Place Of Death:	RICHMOND	Date Of Death:	JANUARY 01 2014
Sex:	MALE	Race Or Color:	Unknown
Destination To Which Remains To Be Sent			
Place of Disposition:	MARYLAND CREMATION SERVICES	Address of Disposition:	PO BOX 14132 BALTIMORE MD 21203, BALTIMORE MD 21203
Funeral Home Creating/Requesting Permit			
Name:	FH_DIR_LAST_NAME, XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VA 23294, HENRICO VA 23294		
Permission given to transfer out of Virginia:			
<input checked="" type="checkbox"/> Click here if the Funeral Home seeking permission is also your Facility			
Funeral Director/Licensee:	FH_DIR_LAST_NAME	Name of Removal Service:	XYZ FUNERAL HOME (WEST END)
Street Address:	1250 W BROAD ST HENRICO VA 23294	Zip Code:	23294 L
City:	HENRICO	State:	VA
Save 			

[EDIOST](#)

- Then click Request on the next page after the information above, has been saved.

Out of State Transit Permit		Case#: 4885; Decedent: JOHNY, SMITH	
Changes are saved successfully. !			
Decedent Demographics Information			
Full Name Of Deceased:	JOHNY, SMITH	Age:	7 Months and 17 Days
Place Of Death:	RICHMOND	Date Of Death:	JANUARY 01 2014
Sex:	MALE	Race Or Color:	Unknown
Destination To Which Remains To Be Sent			
Place of Disposition:	MARYLAND CREMATION SERVICES	Address of Disposition:	PO BOX 14132 BALTIMORE MD 21203, BALTIMORE MD 21203
Funeral Home Creating/Requesting Permit			
Name:	FH_DIR_LAST_NAME, XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VA 23294, HENRICO VA 23294		
Permission given to transfer out of Virginia:			
<input type="checkbox"/> Click here if the Funeral Home seeking permission is also your Facility			
Funeral Director/Licensee:	FH_DIR_LAST_NAME	Name of Removal Service:	XYZ FUNERAL HOME (WEST END)
Street Address:	1250 W BROAD ST HENRICO VA 23294	Zip Code:	23294 L
City:	HENRICO	State:	VA
Save Request Undo			

[EDUOST](#)

A success message will indicate that your submission to the Local Health Department was successful. The next screen will display the name of the Local Health Department, where the request has been submitted.

Changes are saved successfully. !

Decedent Demographics Information			
Full Name Of Deceased:	JOHNY, SMITH	Age:	7 Months and 17 Days
Place Of Death:	RICHMOND	Date Of Death:	JANUARY 01 2014
Sex:	MALE	Race Or Color:	Unknown
Destination To Which Remains To Be Sent			
Place of Disposition:	MARYLAND CREMATION SERVICES	Address of Disposition:	PO BOX 14132 BALTIMORE MD 21203, BALTIMORE MD 21203
Funeral Home Creating/Requesting Permit			
Name:	FH_DIR_LAST_NAME, XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VA 23294, HENRICO VA 23294		
Permission given to transfer out of Virginia:			
Funeral Director/Licensee:	FH_DIR_LAST_NAME	Name and Address of Removal Service:	XYZ FUNERAL HOME (WEST END) 1250 W BROAD ST HENRICO VA 23294 23294 HENRICO VA
Facility assigned			
Assigned to:	RICHMOND CITY - LOCAL HEALTH DEPARTMENT		
Status of the Permit:	Waiting for Approval		

[EDUOST](#)

NOTE – Every request for an Out of State Transit Permit will be submitted to the **Local Health Department corresponding to the place of death of the decedent.** Parallel requests will also be sent to **Vital Records** as well as **ALL Special Registrars**

- Once approved by the Local Health Department, you may print the permit by clicking on the PRINT NOW button at the CREATE / PRINT FORMS page.

Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Approved and Ready to print	Print Now
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7.5.1. FOR SPECIAL REGISTRARS – HOW TO APPROVE OUT OF STATE TRANSIT PERMITS

- As a special registrar, the EDRS will allow you to approve transit permits outside of regular business hours –
 - Business days – all times except - 8:00 A.M. to 5:00 P.M.
 - Weekends – all times
 - State holidays – all times
- To approve an Out of State Transit Permit, click on the pending permits link in the left navigational column from the EDRS home page



- On the resulting page, you will see a list of permits awaiting approval. This list may be larger than one page a search option has been provided. Select the desired case from this list or search for the case.

Permits Pending for Approval SEARCH
OPTIONS

Permit ID: Permit Creation Date: To (mm/dd/yyyy)
 Case ID: Case Creation Date: To (mm/dd/yyyy)

Decedent
 First Name: Middle Name:
 Last Name: Maiden Name:
 Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)

Decedent Name	Case ID	Case Type	Gender	Date of Death	Permit ID	Permit Type	Requested By
JOAN_BAKER	3184	Green Border	FEMALE		335	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
GARY_OLDMAN	3303	Green Border	MALE	12/21/2011	1240	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
MINNIE_ROYD	3951	Green Border	FEMALE	09/14/2013	1288	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (SOUTHSIDE)
MICHAEL_DJANGO	3824	Green Border	MALE	01/01/2012	1295	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
TEST_SMITH	3750	RB - LME	MALE	03/01/2012	2127	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
JUAN_FERNANDO	3978	Green Border	MALE	01/01/2010	2206	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
SAM_SMITH	4927	Green Border	FEMALE	04/04/2014	2478	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
SMITH	4969	Green Border	FEMALE		2491	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
TEST_TESTING_SMITH	3449	Green Border	MALE		2508	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (WEST END)
NADAL_NADAL	4993	Green Border	MALE	01/01/2014	2528	Out-of-state Transit	FH_DIR, LAST_NAME, XYZ FUNERAL HOME (SOUTHSIDE)

Your search returned 13 records. Records 1 through 10 are displayed.

[EDLPRP](#)

- Once you have selected the desired case, click on the APPROVE PERMIT button at the bottom of the page.

Out-of-state Transit Permit Approval

Decedent Demographics Information			
Full Name Of Deceased:	GARY, OLDMAN	Age:	54 Years
Place Of Death:	HENRICO COUNTY	Date Of Death:	DECEMBER 21 2011
Sex:	MALE	Race Or Color:	White,Black Or African American,Asian Indian
Destination To Which Remains To Be Sent			
Place of Disposition:	Address of Disposition:		
Funeral Home Creating/Requesting Permit			
Name:	FH_DIR LAST_NAME, XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VA 23294, HENRICO VA 23294		
Permission given to transfer out of Virginia:			
Funeral Director/Licensee:	FH_DIR LAST_NAME	Name and Address of Removal Service:	XYZ FUNERAL HOME (WEST END) 1250 W BROAD ST HENRICO VA 23294 23294 HENRICO VA
Facility assigned			
Assigned to:			

Carefully review the information above. Click on APPROVE PERMIT to approve the permit, or BACK TO LIST to select a different record.

[EDIOSA](#)

- A success message will indicate that the permit has been successfully approved.

7.6. COMMUNICABLE DISEASE LETTER –

- All decedent bodies to be removed out of the country require a Communicable Disease Letter.
- To request a Communicable Disease Letter, click on the CREATE / NEW LINK on the Forms/ Permits page corresponding to the Communicable Disease Letter information.

Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	New/Pending	Create/New
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Case require to be disposed in Cemetery/Entombment/Mausoleum AND assigned a state file number	N/A
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	New/Pending	Create/New
Demographics Preview	Demographics Preview	Ready for Print	Print Now

[EDIPRF](#)

- On the resulting page, click on the REQUEST button at the bottom of the page.

Communicable Disease Permit Request		Case#: 4948; Decedent: RICKY, SMITH	
Requester Details			
Funeral Home:	XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294		
Decedent Details			
First Name:	RICKY	Middle Name:	
Last Name:	SMITH	Maiden Name:	
Age:	27 Years	Gender:	MALE
Death details			
Date Of Death:	06/15/2014	Place Of Death:	YORK COUNTY
Decedent Race			
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown			
Cause Of Death			
Line(a):	PENDING		
Line(b):	PENDING		
Line(c):			
Line(d):			
<input type="button" value="Request"/> 			

[EDICMR](#)

A success message will indicate that your submission to the Local Health Department was successful. The next screen will display the name of the Local Health Department that received your request.

Changes are saved successfully. !

Requester Details			
Funeral Home:	XYZ FUNERAL HOME (WEST END)		
Address:	1250 W BROAD ST HENRICO VIRGINIA 23294		
Decedent Details			
First Name:	RICKY	Middle Name:	
Last Name:	SMITH	Maiden Name:	
Age:	27 Years	Gender:	MALE
Death details			
Date Of Death:	06/15/2014	Place Of Death:	YORK COUNTY
Decedent Race			
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native Tribe(S) <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown			
Cause Of Death			
Line(a):	PENDING		
Line(b):	PENDING		
Line(c):	PENDING		
Line(d):	PENDING		
Facility assigned			
Assigned to:	YORK COUNTY - LOCAL HEALTH DEPARTMENT		
Status of the Permit:	Waiting for Approval		

EDUCMR

- Once approved by the Local Health Department, you may print the permit by clicking on the PRINT NOW button at the CREATE / PRINT FORMS page.

Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	New/Pending	Create/New
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Case require to be disposed in Cemetery/Entombment/Mausoleum AND assigned a state file number	N/A
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	Approved and Ready to print	Print Now
Demographics Preview	Demographics Preview	Ready for Print	Print Now

7.7. DECEDENT DEMOGRAPHICS REPORT

- This report will be the demographics part of the death certificate form.
- A decedent’s demographics may be of use for the following purposes –
 - To print a copy and have the informant review and attest to the truthfulness of the information for your records.
 - This report will show up every time the Funeral Director wants to digitally sign a case to review and make sure that all information entered is correct to the best of their knowledge.
- Click on the PRINT NOW button in the FORMS /PERMITS page to print this report.

Form/Permit	Description	Status	
Cremation Certificate	Permit required to dispose of body remains by cremation	New/Pending	Create/New
Cremation Certificate (Donation)	Permit required to dispose of (Donated)body remains by cremation	Not Applicable	
Disinterment, Transit and Reinterment Permit	Permit required to remove, transport or reinter the body from Virginia Cemetery.	Case require to be disposed in Cemetery/Entombment/Mausoleum AND assigned a state file number	N/A
Out-of-state Transit Permit	Permit required to move the body of the person whose death occurs or found in Commonwealth of Virginia.	Method of disposition needs to be Removal from State and demographics must signed atleast provisionally	N/A
Communicable Disease Permit	Permit required to move the corpse to out-of-state/out-of-country by Health Dept.	Approved and Ready to print	Print Now
Demographics Preview	Demographics Preview	Ready for Print	Print Now

8. E-AMENDMENTS

- Amendments may be created and requested electronically by the Funeral Home Directors. If any Funeral Home Director wishes their administrative staff to perform this function, they may request that person be given a role to perform E-Amendments.
- Begin by clicking on the E-AMENDMENTS link in the left navigation bar.



The resulting screen will be a list of active amendments.

Active E-Amendments Search/List

Certificate No: Case ID:

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: To (mm/dd/yyyy) Date of Death: To (mm/dd/yyyy)

Social Security Number: - - County of Death:

Certificate No	Case ID	Case Type	Decedent Name (First,Middle,Last)	Gender	Date of Birth	Date of Death	Status
2013700004	3610	Green Border	ROSE, SMITH	MALE	01/01/2010	04/01/2013	Select
2014456660	4934	Green Border	JOHN, SMITH	FEMALE	03/19/1981	05/05/2014	Print AOC
2014456659	4927	Green Border	SAM, SMITH	FEMALE	01/01/2014	04/04/2014	Print AOC

Your search returned 3 records. Records 1 through 3 are displayed.

[EDLPEA](#)

- To create a new amendment, click on the NEW link in the left navigation bar.



- Perform a search for the desired case.

Amendment Demographics Entry-Search

Certificate No: Case ID:

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: To (mm/dd/yyyy) Date of Death: To (mm/dd/yyyy)

Social Security Number: - - County of Death:

[EDQEDE](#)

- From the search results, select the desired case by clicking on the respective certificate number hyperlink. Make sure that the status of the case says, "READY TO AMEND".

Certificate No	Case ID	Case Type	Decedent Name (First,Middle,Last)	Gender	Date of Birth	Date of Death	Status
2014005001	5000	Green Border	JOHN, GRISHAM	MALE	03/19/1981	08/20/2014	Ready to Amend
2014456657	4223	Green Border	BOB, MARLEY	MALE	01/01/2010	01/01/2014	Ready to Amend
2014456658	4543	Red Border - OCME	ASDSADSAD, ASDSAD	FEMALE	01/01/2000	03/01/2014	Ready to Amend
2014456659	4927	Green Border	SAM, SMITH	FEMALE	01/01/2014	04/04/2014	E-Amendment(Demographics) Pending with DVR
2014456660	4934	Green Border	JOHN, SMITH	FEMALE	03/19/1981	05/05/2014	E-Amendment(Demographics) Pending with DVR
2014456662	4973	Green Border	JAMES, RODRIGUEZ	MALE	11/18/1987	07/24/2014	Ready to Amend
2014456663	4974	Green Border	JUAN, ROMAN, RIQUELME	MALE	08/25/1985	07/24/2014	Ready to Amend
2014700003	4960	Green Border	SCOTT, MANLEY	MALE	08/12/1970	06/27/2014	Paper Amendment in Process

- The resulting page will display editable fields for decedent demographics. Make changes to the desired information on the page displayed below.

1. Amend Data		2. Review Data Changes		3. Certify & Submit Amendment		4. Confirmation	
Decedent Information							
Certificate Number: 2014 005001	First Name: JOHN	Middle Name:	Last Name: GRISHAM	Suffix:	Gender: MALE		
Date of Birth: 03/19/1981	Date of Death: 08/20/2014	Was Decedent ever in Armed Forces?: NO	Is SSN available?: Unknown	SSN: - - -			
Age at Time of Death Years 33	If less than 1 year Months/Days	If under 1 day Hours/Minutes	Place of Birth US State of Birth: Indiana OR Foreign Country of Birth:				
Residence Address Previous Addresses							
Address Type: Complete	Street Address: 109 GOVERNOR ST	Country:	Zip Code: 23219				
City: RICHMOND	Postal County: RICHMOND	State: VIRGINIA	Home County: 	Inside City Limits?: NO			
Decedent Race							
<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Black Or African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese				
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean				
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian Or Chamorro					
<input type="checkbox"/> Other Specify							
<input type="checkbox"/> American Indian Or Alaska Native Tribe(S)							
<input type="checkbox"/> Other Asian Specify							
<input type="checkbox"/> Other Pacific Islander Specify							
<input type="checkbox"/> Unknown							
Personal data of Decedent							
Marital Status: Never Married	Decedent's Spouse Name[First,Middle,Last,Maiden]:						
Decedent's Father Name[First,Middle,Last,Suffix]: JAMES SMITH	Decedent's Mother Name[First,Middle,Last,Maiden]: JACKIE SMITH						
Hispanic Origin: MEXICAN	Other Hispanic Origin:	Education: 10-Tenth Grade	Country of Citizenship: UNITED STATES OF AMERICA				
Usual Occupation: NOENE	Kind of Business/Industry: TRANSPORT						
Informant Data							
Source/Relationship: Father	Other/Medical Records (Specify):	Informant Name[First,Middle,Last,Maiden]: JAMES SMITH					
Place of Death							
Place of Death: Dead on Arrival	Other Place of Death:		Facility Name: BON SECOURS ST. MARY'S HOSPITAL				
Address Type: Complete	Street Address: 5801 BREMO ROAD		Zip Code: 23226		Home County:		
City: RICHMOND	County: HENRICO COUNTY	State: VIRGINIA					
Disposition							
Method of Disposition: Burial	Other (Specify):	Final Method of Disposition:	Facility Name: BERMUDA MEMORIAL PARK				
Address Type: Complete	Street Address: 1901 BERMUDA HUNDRED ROAD	Country:	Zip Code: 23831		Home County:		
City: CHESTER	County: CHESTERFIELD COUNTY	State: VIRGINIA					
Certifier							
Name: FH_DIR_LAST_NAME	License No: 123456789	Facility Name: XYZ FUNERAL HOME (WEST END)					
Address Type: Complete	Street Address: 1250 W BROAD ST	Zip Code: 23294		Home County:			
City: HENRICO	County: HENRICO COUNTY	State: VIRGINIA					
Save Undo Next>>							

[EDIEDE](#)

- Save the above information then click on NEXT.

- The resulting page will show a consolidated list of Amendments that you made. *NOTE – this is for you to review the changes made. You do not need to click save. If you would like to remove any of the amendments from this list, check the corresponding remove checkbox, then click on Save. (See Illustration below) This will delete the respective amendment from the list and revert the item back to the original value.* Click on the next button to proceed

1. Amend Data **2. Review Data Changes** 3. Certify & Submit Amendment 4. Confirmation

List of Item Changes For Amendment			
Item Description	Information on the Original Certificate	Information Requested for Change	Remove
Middle Name		JOHNNY	<input type="checkbox"/>
Residence Address	Address Type - Complete Street Address-109 GOVERNOR ST City - RICHMOND County - RICHMOND State - VA Zip - 23219 Country -	Address Type - Complete Street Address-109 GOVERNOR LANE City - RICHMOND County - RICHMOND State - VA Zip - 23219 Country -	<input type="checkbox"/>

Save Undo << Prev Next >>

[EDUEA2](#)

- Perform digital signatures ([as shown in section 4.2](#)) on the case and submit the case. A confirmation message will indicate that the amendment was successfully submitted to Vital Records for approval.
- You may generate a printable AFFIDAVIT FOR CORRECTION by clicking on the “[here](#)” link in the success message.

Confirmation

Amendment Request has been successfully submitted. Please click [here](#) to print report

[EDVEA5](#)

- Below is a sample of what the AFFIDAVIT FOR CORRECTION would look like.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

VA EDRS Amendment

I, Fh_Dir Last Name, being duly sworn, depose and say:

I reside at HENRICO COUNTY, VA, that I am The Funeral Home Director of JOHN, GRISHAM who died on 08/20/2014, in the City or County of HENRICO COUNTY, Virginia.

Certificate Number: 2014005001

Item Name	Original Information	Amendment Information
Middle Name		JOHNY
Residence Address	Address Type - Complete Street Address-109 GOVERNOR ST City - RICHMOND County - RICHMOND State - VA Zip - 23219 Country -	Address Type - Complete Street Address-109 GOVERNOR LANE City - RICHMOND County - RICHMOND State - VA Zip - 23219 Country -

I make this affidavit for the purpose of affording a complete and correct official record. In support of the correction or omission, the following documentary proof is submitted: _____

Signed: Digitally signed by: Fh_Dir Last_Name

Address: 1250 W BROAD ST
HENRICO, VA - 23294

Sworn to before me and subscribed in my presence this day of ,

Signature of Notary: _____

Address: _____

My Commission Expires: _____

VS 32 - 9/05

WARNING: Judicial and administrative agencies are *NOT* required to accept certifications from amended records at face value. 32.1-272B, Code of Virginia.

This concludes the training materials for the FUNERAL HOMES participating in the Virginia – Electronic Death Registration System. For any questions relating to the EDRS, please contact – VitalRec.Questions@vdh.virginia.gov