

VIRGINIA DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS

**VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM  
(VVESTS)  
USER MANUAL FOR REGISTRATION OF FETAL DEATHS  
FOR MEDICAL PERSONNEL**

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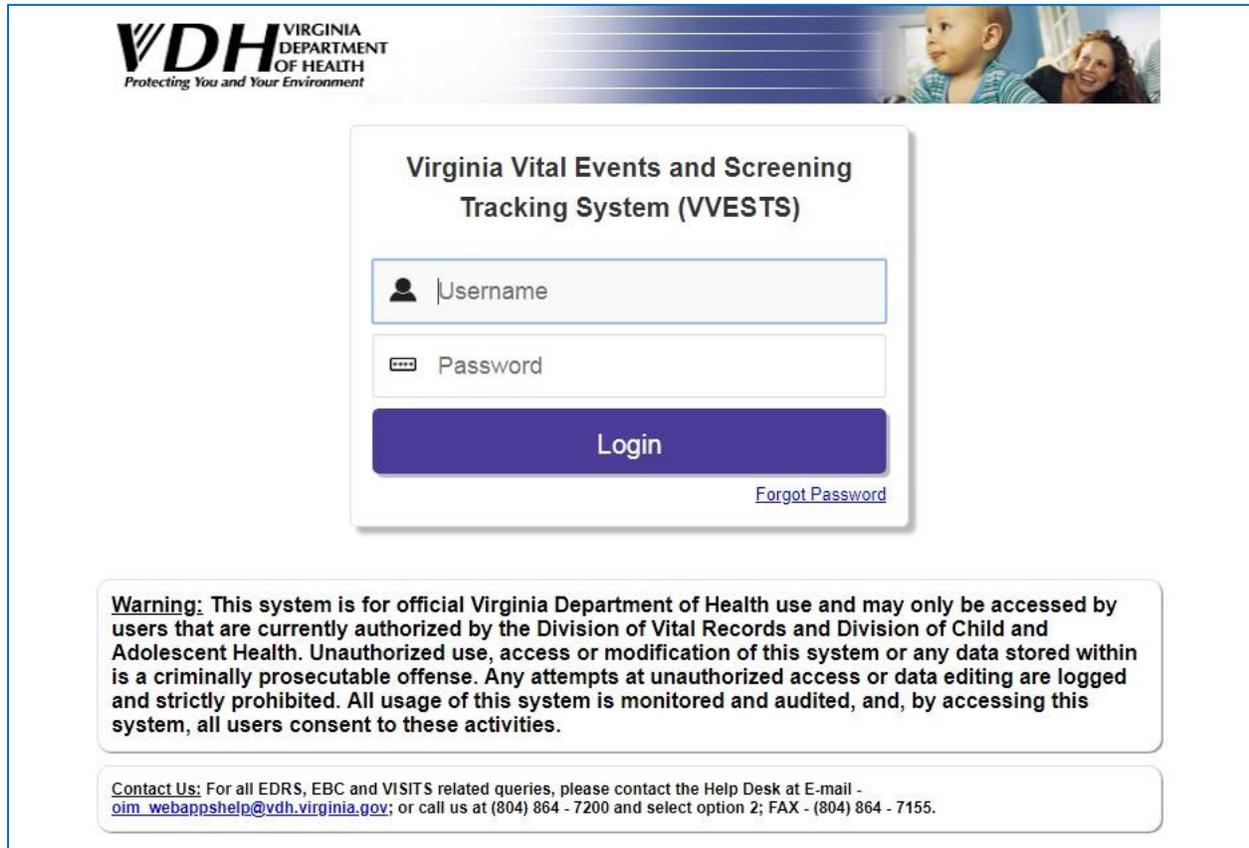
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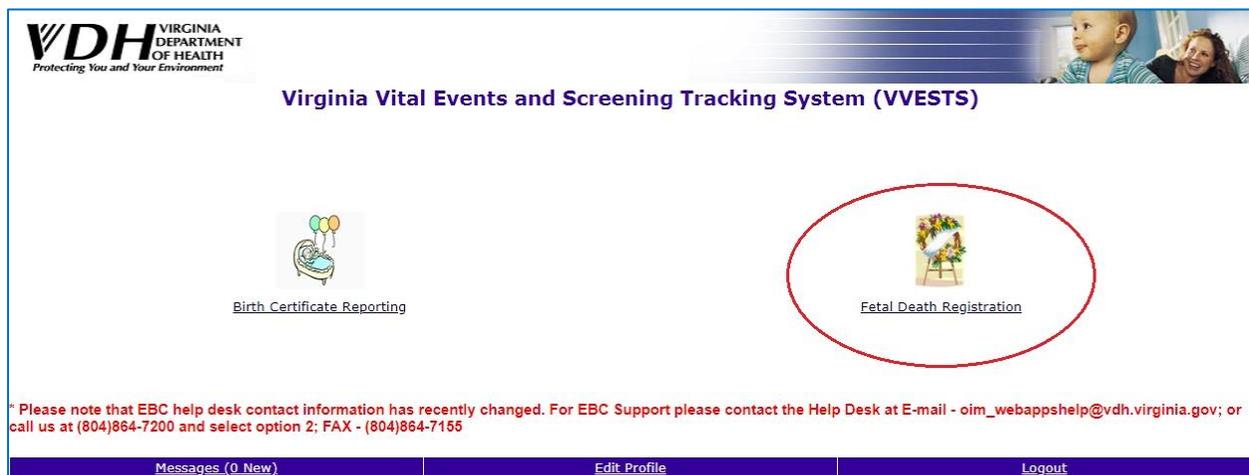
## 1. MOTHER REGISTRATION & FETAL REGISTRATION

1.1 Launch the Virginia Vital Events and Screening Tracking System (VVESTS) URL. Enter your username and password to log into the application.



The screenshot shows the login interface for the Virginia Vital Events and Screening Tracking System (VVESTS). At the top left is the VDH logo with the text "VIRGINIA DEPARTMENT OF HEALTH" and "Protecting You and Your Environment". To the right is a photo of a smiling woman and a young child. The main heading is "Virginia Vital Events and Screening Tracking System (VVESTS)". Below this are two input fields: "Username" with a person icon and "Password" with a password icon. A blue "Login" button is positioned below the fields. A link for "Forgot Password" is located at the bottom right of the login box. A warning box contains the following text: "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." At the bottom, a "Contact Us" box provides the following information: "For all EDRS, EBC and VISITS related queries, please contact the Help Desk at E-mail - oim\_webappshelp@vdh.virginia.gov; or call us at (804) 864 - 7200 and select option 2; FAX - (804) 864 - 7155."

1.2 The next screen is the VVESTS menu. Based on your role, you will either have access to only Birth Certificate Registration, only Fetal Death Registration, or both. Click on the Fetal Death module icon to continue.



- 1.3 After login as a Fetal Registrar, you can begin with existing fetal death cases by clicking on the **PENDING LIST** link located on the navigation menu to the left.

**Mother / Parent I Search**

Enter query criteria

First Name:  \*\* Middle Name:

Last Name:  \*\* Maiden Name:  \*\*

Date Of Birth:  (mm/dd/yyyy) Pin Type:  \*\*

Pin:  \*

- 1.4 Select the desired case from the list by clicking the **SELECT** link. This will take you to the Fetal Update page for existing cases previously created (*skip to section 1.18 to continue with the processes of completing existing cases and continue from there*)

**Fetal Registration - Pending List** 100% - + Reset

Still Birth			Mother			Fetal Disposition	Status	
Name[First,Middle,Last]	Sex	Date of Delivery	Name[First,Middle,Maiden]	Date of Birth	Medical Rec No.			
MYCHAEL, RECORD	MALE	10/31/2013 14:58:00	DIVI, OF		B313	Release to FH	Rejected by Medical certifier	<a href="#">Select</a>
WILLARD	NOT DETERMINED	11/01/2013 18:30:00	MYA, ANN, ROMEY	12/19/1977	3562	Release to FH	Request medical certification	<a href="#">Select</a>
	NOT DETERMINED	11/01/2013 23:20:00	ALLENA, WILL		12354		Request medical certification	<a href="#">Select</a>
ANGEL, SMITH	FEMALE	11/04/2013 12:42:00	JACQUELINE, JOHNSON		450	Hospital Disposition	Medical Information Certified	<a href="#">Select</a>
HEAVENLY, FIERCE	FEMALE	11/05/2013 11:58:00	SASHA, WILLIAMS	03/01/1985	A1450	Hospital Disposition	Medical Information Certified	<a href="#">Select</a>
	FEMALE	11/05/2013 11:58:00	TERRY, JOHNSON	05/19/1980	35235	Hospital Disposition	Medical Information Certified	<a href="#">Select</a>
SUNSHINE, TWILIGT, THOMAS	FEMALE	11/11/2013 15:32:00	TYLER, WEST	09/09/1980	7456	Hospital Disposition	Medical Information Certified	<a href="#">Select</a>
LOYOLA, MARTINA, JAMES	FEMALE	11/14/2013 01:01:00	LELA, MONIQUE, HERBERT	11/13/1975	987456	Release to FH	Request medical certification	<a href="#">Select</a>
MICHAEL, IRVIN, JOHNSON	MALE	11/14/2013 23:03:00	JESSEANNE, NG	12/31/1968	ABCD	Hospital Disposition	Medical Information Certified	<a href="#">Select</a>

- 1.5 To register a new fetal death/demise, select **SEARCH NEW** on the navigation menu and enter the mother's information to search for an existing record of the mother in VVESTS and click **FIND**.

**Mother / Parent I Search**

Enter query criteria

First Name:  \*\* Middle Name:

Last Name:  \*\* Maiden Name:  \*\*

Date Of Birth:  (mm/dd/yyyy) Pin Type:  \*\*

Pin:  \*

1.6 If no matching records are found, click on the **NEW** button to enter the mother's registration information.

• Advanced Search  
Mother  
• Search/New

• Pending List (27)

• Fetal Death Report  
• Main Menu  
• Logout

### Mother / Parent I Search Results

No Records returned

ReQuery Query **New**

[HELP](#)

1.7 Enter the basic demographic information concerning the mother and click **SAVE**.

• Advanced Search  
Mother  
• Search/New

• Pending List (27)

• Fetal Death Report  
• Main Menu  
• Logout

### Mother / Parent I Registration

Enter values for new record

First Name: TIFFANY \*\* Middle Name: ROBIN

Last Name: SAUNDERS \*\* Maiden Name: POPE \*\*

Suffix:

Date Of Birth: 03/01/1970 (mm/dd/yyyy)

Pin Type: NONE \*\* Pin:

Hispanic Origin: NON-HISPANIC \*\* Other Hispanic Origin:

Birth State: Virginia \* Birth Country (Other than US):

Race: WHITE \*\*

Specify Race 1 (if any):  Specify Race 2 (if any):

**Save** Undo

- 1.8 Once the information has been successfully saved, the option will appear to enter any additional race values for the mother. If additional races need to be entered, click the Mother's Additional Races link, check the additional race(s) and click **SAVE**. Select back to mother in the upper left corner to return to the mothers update screen. (*See 1.8A*) If no additional race(s) need to be entered, click **NEXT**.

**Mother Update** Next >>

• Mother's Additional Races

First Name: <input type="text" value="TIFFANY"/> **	Middle Name: <input type="text" value="ROBIN"/>
Last Name: <input type="text" value="SAUNDERS"/> **	Maiden Name: <input type="text" value="POPE"/> **
Suffix: <input type="text"/>	Date Of Birth: <input type="text" value="03/01/1970"/> (mm/dd/yyyy)
Pin Type: <input type="text" value="NONE"/> **	Pin: <input type="text"/>
Hispanic Origin: <input type="text" value="NON-HISPANIC"/> **	Other Hispanic Origin: <input type="text"/>
Birth State: <input type="text" value="Virginia"/> *	Birth Country(other than US): <input type="text"/>
Race: <input type="text" value="WHITE"/> **	Specify Race 2 (if any): <input type="text"/>
Specify Race 1 (if any): <input type="text"/>	
Created By: STMARY_FR [BON SECOURS ST. MARY'S HOSPITAL]	Date Created: 08/30/2019 15:28:42

Next >>

1.8A Additional Races

**Additional Race(s)**

• Back to Mother

<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	

Specify Race 1 (if any) Specify Race 2 (if any)

<input type="checkbox"/> Other Specify	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> American Indian Or Alaska Native Tribe(S)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Asian Specify	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Pacific Islander Specify	<input type="text"/>	<input type="text"/>

Save

- 1.9 If the mother has had any previous pregnancies, these pregnancies will appear as a list on the Pregnancy Search Results screen. If not, click on the **NEW** button to associate this mother with a new pregnancy.

SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :

**Pregnancy Search Results**

No Records returned

New

1.10 Enter the pregnancy information on the New Pregnancy screen and click **SAVE**. When successfully saved, click on the **NEXT** button to navigate to the next screen.

**NOTE: Fetal Deaths do not require the parents to sign an acknowledgment of paternity.**

### Pregnancy Update Next >>

- [Mother's Residence](#)
- [Mailing address \(if different from residence\)](#)
- [Statistics](#)

Is mother married or was she married 10 months' preceding birth?: YES \*\*

Type of Marriage?: Opposite Sex \*

Are Mother and Father willing to sign an Acknowledgment of Paternity?: NO \*

Mother legally married, however, not to biological father?: NO \*\*

Birth Type (Plurality): Single ▼

Mother's Med Rec Number: 4512187 \*

Prenatal Care Begin Month: 2 \*

No. of Prenatal Visits: 2 \*\*

Source of Prenatal Care - Private Phys: NO ▼ \*

Source of Prenatal Care - Health Dept: NO ▼ \*

Source of Prenatal Care - Other: YES ▼ \*

Main Payment Source: Private Insurance ▼ \*

Other Payment Source:

Date of Last Menses (mm/dd/yyyy): 01/01/1850 \*\*Enter 01/01/1850 for unknown

Is or was mother a smoker in past 12 months?: NO ▼ \*

Average No. of Cigarettes Per Day in Three Months Prior to Pregnancy : \* (1 pack = 20 Cigarettes)

Average No. of Cigarettes Per Day in First Three Months of Pregnancy : \* (1 pack = 20 Cigarettes)

Average No. of Cigarettes Per Day in Second Three Months of Pregnancy : \* (1 pack = 20 Cigarettes)

Average No. of Cigarettes Per Day in Third Trimester of Pregnancy : \* (1 pack = 20 Cigarettes)

No. of Alcoholic Drinks Per Week: 1

Informant Relation: MOTHER ▼ \*

Mother's Education: 15-Bachelor's Degree ▼ \*\*

Father's Education: 15-Bachelor's Degree ▼ \*

Mother transferred for maternal medical or fetal complications for delivery from state (out of state):

Mother transferred for maternal medical or fetal complications for delivery from facility (Virginia facility):

Date of First Prenatal Visit (mm/dd/yyyy): 01/01/1850 \* Enter 01/01/1850 for unknown

Did Mother Receive WIC Food: NO ▼ \*

Pre Pregnancy Weight: 140 (lbs) \*\* Enter 999 for unknown

Weight At Delivery: 165 (lbs) \*\* Enter 999 for unknown

Weight Gained: 25 (lbs) \*\* Enter 999 for unknown

Mother's Height: 5 (ft) \*\* Enter 9 for unknown

5 (in) \*\* Enter 99 for unknown

Date Created: 08/30/2019 15:56:16

Created By: STMARY\_FR [BON SECOURS ST. MARY'S HOSPITAL]

Date Modified: 09/05/2019 14:47:34

Modified By: STMARY\_FR [BON SECOURS ST. MARY'S HOSPITAL]

Save

Undo

Next >>

1.11 Enter information about the Mother's residential address and click **SAVE**. When successfully saved, click **NEXT** to navigate to the next screen.

**Note: Use the physical address if available.**

### Mother's Residence Next >>

- [Back to Pregnancy](#)

Is this a Foreign Address ? : NO \*\*

House #: 111

Address1: MAIN \*\*

Str Suffix: ST

Post Dir.:

Zip: 23230 \* L

State: VA \*

Home County Code (if different from postal):

Inside City Limits?: YES ▼ \*

Foreign City:

Foreign Zip:

Created By: STMARY\_FR [BON SECOURS ST. MARY'S HOSPITAL]

Pre Dir.:

Address2:

Street Desc: STREET L

Apt #:

City: RICHMOND \*

Postal County: HENRICO COUNTY \*

Home County (if different from postal):

Foreign State:

Foreign Country:

Date Created: 08/30/2019 16:05:06

Save

Undo

Note: Please use physical address if available.

1.12 If the mother's mailing address is different from the residence address, enter the address on this screen. If it is not different, then click **NEXT** to navigate to the next screen.

### Mother's Mailing Address (if different from residence)

Next >>

[Back to Pregnancy](#)

Enter values for new record

Is this a Foreign Address?: NO \*\*

House #:	<input style="width: 90%;" type="text"/>	Pre Dir.:	<input style="width: 90%;" type="text"/>
Address1:	<input style="width: 90%; background-color: yellow;" type="text"/>	Address2:	<input style="width: 90%;" type="text"/>
Str Suffix:	<input style="width: 90%;" type="text"/>	Street Desc:	<input style="width: 90%;" type="text"/>
Post Dir.:	<input style="width: 90%;" type="text"/>	Apt #:	<input style="width: 90%;" type="text"/>
Zip:	<input style="width: 90%;" type="text"/>	City:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 90%;" type="text"/>	Postal County:	<input style="width: 90%;" type="text"/>
Home County Code (if different from postal):	<input style="width: 90%;" type="text"/>	Home County (if different from postal):	<input style="width: 90%;" type="text"/>
Inside City Limits?:	<input style="width: 90%;" type="text"/>	Foreign State:	<input style="width: 90%;" type="text"/>
Foreign City:	<input style="width: 90%;" type="text"/>	Foreign Country:	<input style="width: 90%;" type="text"/>
Foreign Zip:	<input style="width: 90%;" type="text"/>		

Save
Undo

Note: Please use physical address if available.

1.13 Select the appropriate checkboxes to enter the various pregnancy statistics and click **SAVE**. When successfully saved, click on the **NEXT** button to navigate to the next screen.

### Pregnancy Statistics

Next >>

[Back To Pregnancy](#)

**Risk Factors for this Pregnancy (check all that apply)**

- 01 - Anemia (Hct. < 30/Hgb. < 10)
- 02 - Cardiac disease
- 03 - Acute or chronic lung disease
- 04 - Diabetes (Check the one that applies)
  - Pre-pregnancy/Chronic Diabetes
  - Gestational Diabetes
- 05 - Hydramnios/Oligohydramnios
- 06 - Hemoglobinopathy
- 07 - Hypertension (Check the one that applies)
  - Hypertension, Pre-pregnancy
  - Hypertension, Gestational
  - Hypertension, Eclampsia
- 08 - Incompetent cervix
- 09 - Previous infant 4000+ grams
- 10 - Previous preterm birth
- 11 - Renal disease
- 12 - Rh sensitization
- 13 - Uterine bleeding
- 14 - Pregnancy resulted from infertility treatment. (If yes, check all that apply)
  - Fertility-enhancing drugs. Artificial insemination or Intrauterine insemination
  - Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- 15 - Previous C-Section If Yes, how many?
- 16 - Other
- 99 - None

**Infections Present and/or treated during pregnancy (check all that apply)**

- 01 - Genital Herpes
- 02 - Gonorrhea
- 03 - Syphilis
- 04 - Chlamydia
- 05 - Hepatitis B
- 06 - Hepatitis C
- 07 - Maternal infections
- 08 - None

**Maternal Morbidity (check all that apply)**

- 01 - Maternal transfusion
- 02 - Ruptured uterus
- 03 - Third or fourth degree perineal laceration
- 04 - Unplanned hysterectomy
- 05 - Admission to intensive care unit
- 06 - None

**Other History (check all that apply)**

- 18 - Heroin
- 19 - Methadone
- 20 - Marijuana
- 21 - Cocaine or Crack
- 22 - Amphetamines
- 23 - Other Street Drugs

Save
Undo

- 1.14 If the Mother is married, Father/Parent-II information will need to be completed. Enter Father/Parent II information and click **FIND**.

**Search Father / Parent II**

Enter query criteria

First Name:  \*\* Middle Name:

Last Name:  \*\* Maiden Name:  \*

Date Of Birth:  (mm/dd/yyyy) Sex:  ▼

Pin Type:  \*\* Pin:  \*

- 1.15 If no matching records are found, click on the **NEW** button to enter the father/parent II information.

**Father / Parent II Search Results**

No Records returned

- 1.16 Enter the basic demographic information concerning the father/parent II and click **SAVE**. When successfully saved, click **NEXT** to navigate to the next screen. If additional races need to be entered, click the Father's / Parent II's Additional Races link, check the additional race(s) and click **Save**. If no additional race(s) need to be entered, click **Next**. Once the father's/parent II's information has been entered, click **SAVE**. When the information has been successfully saved, the option will appear to enter any additional race values for the father/parent II. If additional races need to be entered, click the Father's/Parent II Additional Races link, check the additional race(s) and click **SAVE**. Select back to father/parent II in the upper left corner to return to the father/parent II update screen. (**See 1.16A**) If no additional race(s) need to be entered, click **NEXT**.

**Father / Parent II Update**

• [Father's / Parent II's Additional Races](#)

First Name:  \*\* Middle Name:

Last Name:  \*\* Maiden Name:

Suffix:  ▼ Date Of Birth:  (mm/dd/yyyy)

Sex:  ▼ Pin Type:  \*\*

Pin:  \* Hispanic Origin:  \*\*

Other Hispanic Origin:  \* Birth State:  \*

Birth Country(Other than US):  \* Race:  \*\*

Specify Race 1 (if any):  Specify Race 2 (if any):

Created By: STMARY\_FR [BON SECOURS ST. MARY'S HOSPITAL] Date Created: 08/30/2019 16:03:57

Modified By: STMARY\_FR [BON SECOURS ST. MARY'S HOSPITAL] Date Modified: 09/05/2019 13:02:17



1.18A Estimated **gestation is Less than 12 weeks**. Check the acknowledgment box and Click **OK**.

The following Statistical and Fetal Cause of Death information is not required if the gestation is less than 12 weeks.

Note: Some Statistics are disabled as Estimated Gestation is less than 12 weeks.

Next >>

### Fetal Statistics

- [Back To Fetal](#)
- [Previous statistics](#)
- [Fetal COD](#)

#### Congenital Anomalies (check all that apply)

- 01 - Hydrocephalus
- 02 - Microcephalus
- 03 - [Other central nervous system anomalies](#)
- 04 - Cardiovascular System anomalies
  - Pulse Oximetry Screening Result  % Value 1:  % Value 2:  %
  - Critical congenital heart disease
  - Heart Malformations (other than Critical congenital heart disease)
- 05 - [Other circulatory/respiratory anomalies](#)
- 06 - Rectal atresia/stenosis
- 07 - Tracheo-esophageal fistula/Esoophageal atresia
- 08 - [Other gastrointestinal anomalies](#)
- 09 - Malformed genitalia
- 10 - Renal agenesis
- 11 - [Other urogenital anomalies](#)
- 12 - Polydactyly/Syndactyly/Adactyly
- 13 - Club foot
- 14 - Diaphragmatic hernia
- 15 - [Other musculoskeletal/integumental anomalies](#)
- 16 - Down's syndrome
- 17 - [Other chromosomal anomalies](#)
- 18 - Hypospadias
- 19 - [Other](#)
- 99 - None

1.19 The Fetal Death registration has been completed and ready for Electronic or Manual Medical Certification (DTP) Drop to Paper. **See section 2. Requesting Medical Certification.**

### Fetal Cause of Death

Next >>

- [Back To Fetal](#)
- [Drop to Paper](#)
- [Statistics](#)

#### Medical Certification

**INITIATING CAUSE/CONDITION** (please select the one which most likely began the sequence of events resulting in the death of the Fetus)

- 01 - Maternal Conditions /Diseases (Specify)
- 02 - [Complications of Placenta Cord or Membranes](#)
  - Rupture of membranes prior to onset of labor
  - Abruptio placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (Specify)
- 03 - Other Obstetrical or Pregnancy Complications (Specify)
- 04 - Fetal Anomaly (Specify)
- 05 - Fetal Injury (Specify)
- 06 - Fetal Infection (Specify)
- 07 - Other Fetal Conditions/Disorders (Specify)
- 08 - Unknown

**OTHER SIGNIFICANT CAUSES OR CONDITIONS** (select one or more conditions which may have contributed to the death of the Fetus)

- 01 - Maternal Conditions /Diseases (Specify)
- 02 - [Complications of Placenta Cord or Membranes](#)
  - Rupture of membranes prior to onset of labor
  - Abruptio placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (Specify)
- 03 - Other Obstetrical or Pregnancy Complications (Specify)
- 04 - Fetal Anomaly (Specify)
- 05 - Fetal Injury (Specify)
- 06 - Fetal Infection (Specify)
- 07 - Other Fetal Conditions/Disorders (Specify)
- 08 - Unknown

#### Fetus Examination Information

Was an Autopsy Performed?

Was a Histological Placental Examination Performed?

Were the above two results used in determining the Fetal COD?

Estimated Time of Fetal Death :

Next >>

1.20 If the **estimated gestation is Greater than 12 weeks**, the Fetal Death Report must be completed in its entirety.

**Fetal Update**
Next >>

• [Drop to Paper](#)
• [Statistics](#)
• [Fetal COD](#)

### Success

Hospital/Facility:  \* L

First Name:

Last Name:

Estimated Gestation:  \*\*

Date of Delivery:  \*\* (mm/dd/yyyy)

Gender:  \*

Weight of Fetus(grams):  \*

Now Living:  \*

Now Dead:  \*

Date of Last Termination:  \* (mm/dd/yyyy)

Fetal Disposition:  \*

Other Place Of Delivery:

Middle Name:

Suffix:

Time of Delivery:   \*\* (unknown)

Birth Order:  \*

Lbs:  \*

Oz:  \*

Date of Last Live Birth:  \* (mm/dd/yyyy)

No. Of Terminations:

**Medical Attendant**

Choose From List  Not in List

Title:  \*

First Name:  \*

**New Medical Attendant**

Other Title:  \*

Last Name:  \*

**Person Completing the report**

Choose From List  Not in List

Title:  \*

First Name:  \*

Same as Above

Other Title:  \*

Last Name:  \*

Save
Undo

1.21 Select the appropriate checkboxes to enter the fetal statistics and click **SAVE**. When successfully saved, click on the **NEXT** button to navigate to the next screen.

**Fetal Statistics**
Next >>

• [Back To Fetal](#)
• [Next statistics](#)
• [Fetal COD](#)

**Characteristics of Labor and Delivery (check all that apply)**

- 01 - Febrile (> 100°F or 38°C)
- 02 - Abruptio placenta
- 03 - Placenta previa
- 04 - Other excessive bleeding
- 05 - Seizures during labor
- 06 - Dysfunctional labor
- 07 - Cephalopelvic disproportion
- 08 - Cord prolapse
- 09 - Anesthetic complications
- 10 - Fetal distress
- 11 - Induction of labor
- 12 - Augmentation of labor
- 13 - Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 14 - Antibiotics received by the mother during labor
- 15 - Clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38^{\circ}\text{C}$  (100.4°F)
- 16 - Epidural or spinal anesthesia during labor
- 17 - Other
- 99 - None

**Obstetric Procedures (check all that apply)**

- 01 - Amniocentesis
- 02 - Electronic fetal monitoring
- 03 - Stimulation of labor
- 04 - Ultrasound
- 05 - External Cephalic Version (Check the one that applies)
  - Successful
  - Failed
- 06 - Other
- 07 - None

**Method of Delivery (check all that apply)**

10 - Fetal presentation at birth

Final route and method of delivery

- 21 - Vaginal/Spontaneous
- 22 - Vaginal/Forcep
- 23 - Vaginal/Vacuum
- 24 - Vaginal/After Previous Cesarean
- 25 - Primary Cesarean
- 26 - Repeat Cesarean

If Cesarean delivery, check if trial of labor attempted:

Save
Undo

1.22 Continue to enter the Fetal Statistics on the next page and click **SAVE**. When successfully saved, click on the **NEXT** button to navigate to the next screen.

### Fetal Statistics

[Next >>](#)

[Back To Fetal](#)   [Previous statistics](#)   [Fetal COD](#)

**Congenital Anomalies (check all that apply)**

- 01 - Hydrocephalus
- 02 - Microcephalus
- 03 - [Other central nervous system anomalies](#)
- 04 - Cardiovascular System anomalies
  - Pulse Oximetry Screening Result  %  
Value 1:  % Value 2:  %
  - Critical congenital heart disease
  - Heart Malformations (other than Critical congenital heart disease)
- 05 - [Other circulatory/respiratory anomalies](#)
- 06 - Rectal atresia/stenosis
- 07 - Tracheo-esophageal fistula/Esophageal atresia
- 08 - [Other gastrointestinal anomalies](#)
- 09 - Malformed genitalia
- 10 - Renal agenesis
- 11 - [Other urogenital anomalies](#)
- 12 - Polydactyly/Syndactyly/Adactyly
- 13 - Club foot
- 14 - Diaphragmatic hernia
- 15 - [Other musculoskeletal/integumental anomalies](#)
- 16 - Down's syndrome
- 17 - [Other chromosomal anomalies](#)
- 18 - Hypospadias
- 19 - Other
- 99 - None

1.23 If you have the details available, you may enter the Fetal Cause of Death information. If the Medical Certifier is enrolled in EDRS, the report of Fetal Death may be sent for certification by clicking the Medical Certification button. (**See section 2. Requesting Medical Certification**) If the Medical Certifier is not enrolled in EDRS, click the Drop to Paper link to prepare the report for manual signature.

**Fetal Cause of Death** Next >>

[Back To Fetal](#)   
 [Drop to Paper](#)   
 [Statistics](#)

**Medical Certification**

**IMPLIING CAUSE/CON** (please select the one which most likely began the sequence of events resulting in the death of the Fetus)

01 - Maternal Conditions /Diseases (Specify) \_\_\_\_\_

02 - Complications of Placenta, Cord, or Membranes

Rupture of membranes prior to onset of labor  
 Abruptio placenta  
 Placental insufficiency  
 Prolapsed cord  
 Chorioamnionitis  
 Other (Specify) \_\_\_\_\_

03 - Other Obstetrical or Pregnancy Complications (Specify) \_\_\_\_\_

04 - Fetal Anomaly (Specify) \_\_\_\_\_

05 - Fetal Injury (Specify) \_\_\_\_\_

06 - Fetal Infection (Specify) \_\_\_\_\_

07 - Other Fetal Conditions/Disorders (Specify) \_\_\_\_\_

08 - Unknown

**OTHER SIGNIFICANT CAUSES OR CONDITIONS** (select one or more conditions which may have contributed to the death of the Fetus)

01 - Maternal Conditions /Diseases (Specify) \_\_\_\_\_

02 - Complications of Placenta, Cord, or Membranes

Rupture of membranes prior to onset of labor  
 Abruptio placenta  
 Placental insufficiency  
 Prolapsed cord  
 Chorioamnionitis  
 Other (Specify) \_\_\_\_\_

03 - Other Obstetrical or Pregnancy Complications (Specify) \_\_\_\_\_

04 - Fetal Anomaly (Specify) \_\_\_\_\_

05 - Fetal Injury (Specify) \_\_\_\_\_

06 - Fetal Infection (Specify) \_\_\_\_\_

07 - Other Fetal Conditions/Disorders (Specify) \_\_\_\_\_

08 - Unknown

**Fetus Examination Information**

Was an Autopsy Performed?  \*      Was a Histological Placental Examination Performed?  \*

Were the above two results used in determining the Fetal COD?  \*      Estimated Time of Fetal Death : \_\_\_\_\_ \*

  
 
Next >>

## 2 REQUESTING MEDICAL CERTIFICATION

2.1 Medical Certification may be requested from the Fetal Cause of Death screen, or the link on the left navigation menu.

The screenshot displays the 'Fetal Cause of Death' screen. At the top, it shows patient information: Mother: SAUNDERS TIFFANY DOB: 03/01/1970 Pin Type: NONE Pin: ; Father: WATKINS RODERICK DOB: 05/06/1970 Pin Type: NONE Pin: ; Pending Data Entry: None; Record Status: Assigned to Funeral Home. The left navigation menu includes options like 'Advanced Search', 'Pregnancies', 'Child(ren)/Still Birth', and 'Fetus Examination Information'. The main content area is titled 'Fetal Cause of Death' and has a 'Next >>' button. Below this, there are links for 'Back To Fetal', 'Drop to Paper', and 'Statistics'. The 'Medical Certification' section is highlighted with a red box. It contains two main sections: 'PRIMARY CAUSE OR CONDITION' and 'OTHER SIGNIFICANT CAUSES OR CONDITIONS'. Each section has a dropdown menu for selection and a text input field for specification. The 'PRIMARY CAUSE OR CONDITION' section includes options like '01 - Maternal Conditions /Diseases (Specify)', '02 - Complications of Placenta, Cord, or Membranes', '03 - Other Obstetrical or Pregnancy Complications (Specify)', '04 - Fetal Anomaly (Specify)', '05 - Fetal Injury (Specify)', '06 - Fetal Infection (Specify)', '07 - Other Fetal Conditions/Disorders (Specify)', and '08 - Unknown'. The 'OTHER SIGNIFICANT CAUSES OR CONDITIONS' section has the same structure. Below these sections is the 'Fetus Examination Information' section, which includes dropdown menus for 'Was an Autopsy Performed?', 'Was a Histological Placental Examination Performed?', and 'Estimated Time of Fetal Death:'. There are 'Save' and 'Undo' buttons at the bottom left.

2.2 Search for the Medical Certifier by entering their First Name and Last Name, the click the **SEARCH PHYSICIAN** button.

The screenshot shows the 'Search for the Physician' form. It has a title 'Search for the Physician' and several input fields: 'First Name', 'Middle Name', 'Last Name', 'Title' (with a dropdown arrow), and 'Facility'. The 'Facility' field is pre-filled with 'BON SECOURS ST. MARY'S HOSPITAL' and has a 'LIST' button next to it. A red box highlights the 'Search Physician' button at the bottom of the form.

2.3 Select the **ASSIGN** button corresponding to the desired Medical Certifier.

Your search returned 2 record(s). Records 1 through 2 are displayed

List of Medical Certifiers			
First Name	Last Name	Title	Facility
STMARY_PH_2	STMARY_PH_2	Medical Doctor	BON SECOURS ST. MARY'S HOSPITAL
STMARY_PH_FMC	STMARY_PH_FMC		BON SECOURS ST. MARY'S HOSPITAL

Re Query

2.4 Review the details of the Medical Certification Request for accuracy. To submit the request for Medical Certification, click **SUBMIT**.

**Medical Certification Request**

Hospital/Facility Details			
Name:	BON SECOURS ST. MARY'S HOSPITAL		
Address:	5801 BREMO ROAD RICHMOND VIRGINIA 23226		
Staff Title:	Medical Doctor		
Staff Name:	STMARY_PH_1, STMARY_PH_1		
Still Birth Details			
Name:	MARY, SAUNDERS	Date of Delivery:	08/29/2019 12:31 PM
Gender:	NOT DETERMINED	Birth Order:	1
Weight of Fetus(grams):	1899 grams	Fetal Disposition:	Release to FH

Submit Back

2.5 A success message will indicate that the Medical Certification has been requested. The Fetal Registrar now has the option to deactivate the Request for Medical Certificate, if needed, before the medical certifier accepts the case.

**Record Successfully Assigned**

**Medical Certification**

Hospital/Facility Details			
Name:	BON SECOURS ST. MARY'S HOSPITAL		
Address:	5801 BREMO ROAD RICHMOND VIRGINIA 23226		
Staff Title:	Medical Doctor		
Staff Name:	STMARY_PH_2, STMARY_PH_2		
Still Birth Details			
Name:	MARY, SAUNDERS	Date of Delivery:	08/21/2019 12:31 PM
Gender:	NOT DETERMINED	Birth Order:	1
Weight of Fetus(grams):	1899 grams	Fetal Disposition:	Release to FH
Status:	Request medical certification		Comments:

Back Cancel Request Medical Certification

2.6 If the Medical Certification request is canceled the following message will populate, Click **OK** to disassociate or **CANCEL** to continue.

The screenshot shows a web application interface with a header "Record Successfully Assigned" in green. Below it is a section titled "Medical Certification". The main area contains a table with two columns: "Hospital/Facility Details" and "Still Birth Details".

Hospital/Facility Details	
Name:	BON SECOURS ST. MARY'S HOSPITAL
Address:	5801 BREMO ROAD
Staff Title:	Medical Doctor
Staff Name:	STMARY_PH_1, STM

Still Birth Details	
Name:	MARTHA, SAUNDER
Gender:	NOT DETERMINED
Weight of Fetus(grams):	500 grams
Status:	Request medical cer

At the bottom left of the table are buttons: "Back" and "Cancel Request Medical Certification". At the bottom right is a "HELP" link. In the bottom right corner of the page is the text "FDLMCS".

A white dialog box is centered over the table. It contains the following text: "Selecting OK will dissociate the assigned Medical Certifier from this case. You will be required to select a new Medical Certifier. Press CANCEL if you do not wish to change the Medical Certifier." Below the text are two buttons: "OK" and "Cancel".

2.6 If you select **OK** the system will revert to the Search for the Medical Certifier screen. Search again for the Medical Certifier by entering their First Name and Last Name, the click the **SEARCH PHYSICIAN** button.

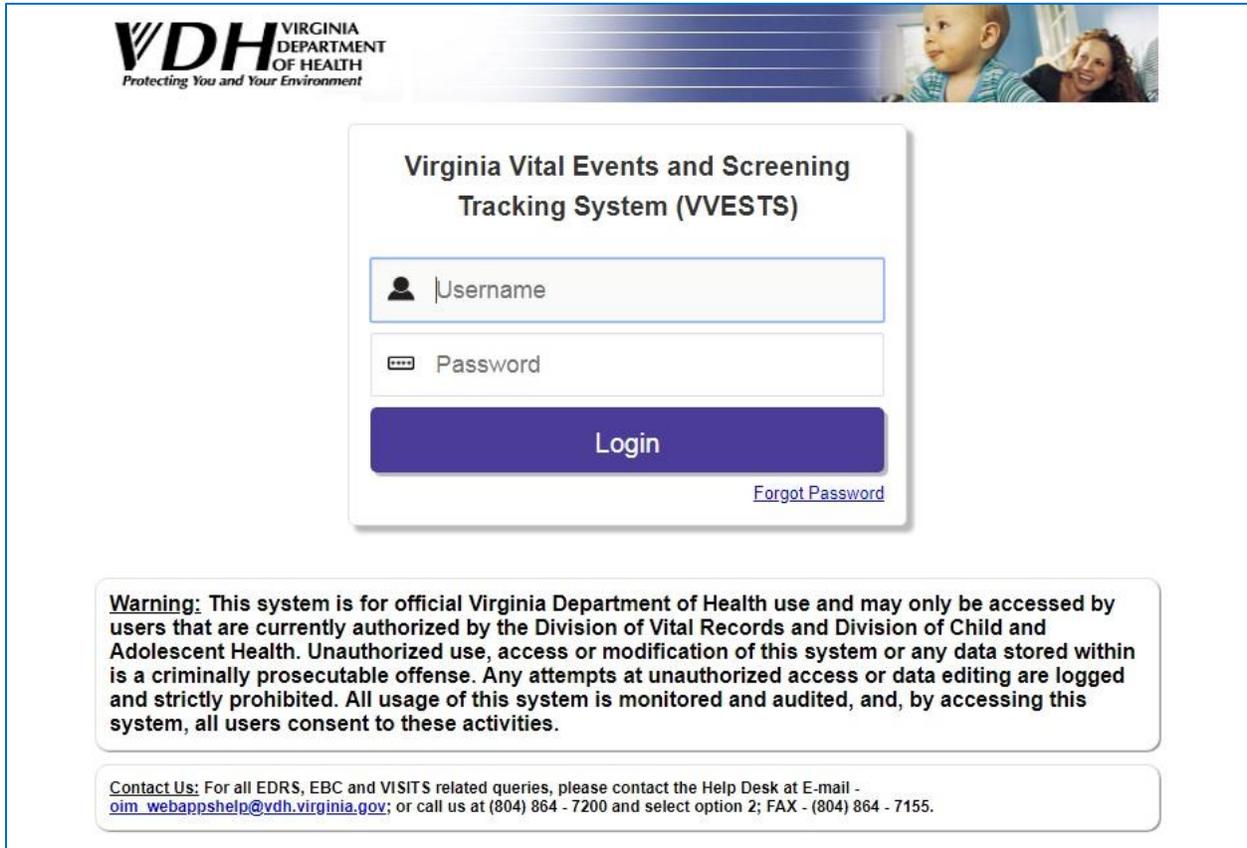
The screenshot shows a web application interface titled "Search for the Physician". It contains several input fields and a button:

- First Name:
- Middle Name:
- Last Name:
- Title:
- Facility:  [LIST](#)

At the bottom center is a blue button with white text: "Search Physician". This button is highlighted with a red rectangular border.

### 3 CERTIFYING THE CAUSE OF DEATH (FOR MEDICAL CERTIFIERS)

- 3.1 To certify the Fetal Cause of Death, log into VVESTS and select the Fetal Death Registration module icon. You will see a pending list for Fetal Medical Certification. Select the desired case from this list.



**VDH** VIRGINIA DEPARTMENT OF HEALTH  
Protecting You and Your Environment

### Virginia Vital Events and Screening Tracking System (VVESTS)

Username

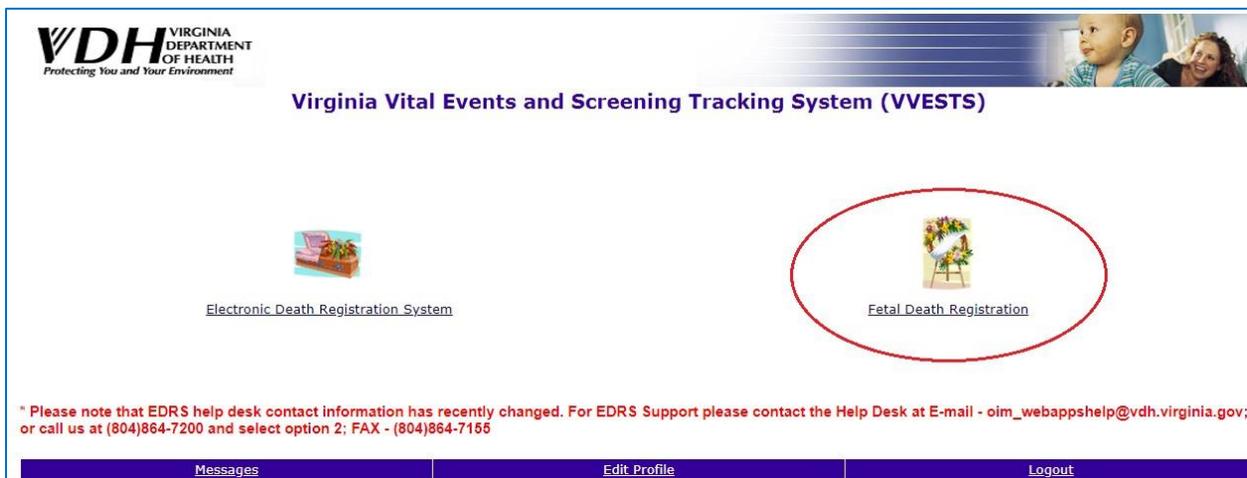
Password

Login

[Forgot Password](#)

**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.

**Contact Us:** For all EDRS, EBC and VISITS related queries, please contact the Help Desk at E-mail - [oim\\_webappshelp@vdh.virginia.gov](mailto:oim_webappshelp@vdh.virginia.gov); or call us at (804) 864 - 7200 and select option 2; FAX - (804) 864 - 7155.



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### Virginia Vital Events and Screening Tracking System (VVESTS)

[Electronic Death Registration System](#)

[Fetal Death Registration](#)

\* Please note that EDRS help desk contact information has recently changed. For EDRS Support please contact the Help Desk at E-mail - [oim\\_webappshelp@vdh.virginia.gov](mailto:oim_webappshelp@vdh.virginia.gov); or call us at (804)864-7200 and select option 2; FAX - (804)864-7155

Messages Edit Profile Logout

3.2 Once logged in the system the Medical Certifier will see the **FETAL MEDICAL CERTIFICATION – PENDING LIST**. **SELECT** the desired case from the Pending List.

Fetal Medical Certification - Pending List							
Still Birth			Mother		Case		
Name[First,Middle,Last]	Sex	Date of Delivery	Name	Medical Rec No.	Status	Assigned to	
MARY, SAUNDERS	N	08/21/2019 12:31 PM	TIFFANY, ROBIN, POPE	4512187	Request medical certification	STMARY_PH_2, STMARY_PH_2	Select
NEWFETAL0618, NEWFETAL0618, NEWFETAL0618	M	06/01/2019 10:20 AM	MOM0618, MOM0618, MOM0618	A545454	Accepted	STMARY_PH_2, STMARY_PH_2	Select

3.3 In order to complete the Medical Certification, you must first accept the case from the Fetal Summary page. The **ACCEPT** link appears at the top of the page. If the case is not yours and you wish to reject it, the **REJECT** link also appears at the top of the page.

**Fetal Summary** [Next >>](#)

[Accept](#) [Reject](#)

Mother Information				Edit
First Name: TIFFANY	Middle Name: ROBIN	Last Name: SAUNDERS	Maiden Name: POPE	
Pin Type: NONE	Pin:	DOB: 03/01/1970		
Hispanic Origin: NON-HISPANIC	Race: WHITE			
Birth Place: Virginia				
Address: 111 MAIN ST RICHMOND VIRGINIA 23230				

Father/Parent II Information				Edit
First Name: TIMOTHY	Middle Name: JAMES	Last Name: SAUNDERS	Suffix:	
Pin Type: NONE	Pin:	DOB: 05/06/1970		
Hispanic Origin: NON-HISPANIC	Race: WHITE			
Birth Place: Maryland				
Address:				

Pregnancy Information				Edit
Mother's Medical Record Number: 4512187				
Prenatal Care Began Month: Two	First Prenatal Visit Date: 01/01/1850	Last Prenatal Visit Date:	Num Prenatal Visits: 2	
Main Payment Source for Delivery: Private Insurance	Source of Prenatal Care: Other	Date Last Normal Menses: Unknown		
Pre Pregnancy Weight: 140	Weight at Delivery: 165	Weight Gained: 25	Mother's Height: 66	
Cigarettes per Day:	Number of Drinks per Week: 1	VA Imm Reg Prog:	Got WIC Food: NO	
Informant Relationship: MOTHER	Mother Transferred From:			

Fetal Information				Edit
Certificate Number:	Legitimate Flag:	Print Indicator:	Type: FED	
First Name: MARY	Middle Name:	Last Name: SAUNDERS	Suffix:	
Date Of Delivery: 08/21/2019	Time Of Delivery: 12:31 PM	Gender:		
Birth Order: 1	Birth Weight: 1899	Estimated Gestation: 15		
Now Living: 0	Now Dead: 0	Date of Last Live Birth: Unknown		
Mother's Age: 49	Father/Parent II's Age: 49	Number of Terminations: 0	Date of Last Termination: Unknown	
Medical Attendant: CENT_LME_2 CENT_LME_2 MEDICAL DOCTOR				
Place of Delivery: HOSPITAL	Hospital/Facility Name: BON SECOURS ST. MARY'S HOSPITAL			
Address: 5801 BREMO ROAD RICHMOND VIRGINIA 23226				

Case Status			
Event Date: 08/23/2019 08:30 am	Event Status: Request medical certification	Comment:	Created by: STMARY_BR_FR STMARY_BR_FR

3.4 Upon accepting the case, you will get a confirmation. Click **SUBMIT**.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
 Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
 Pending Data Entry : Fetal Cause of Death - Initiating Cause/Other Significant Causes,Fetal Cause of Death - Fetus Examination Information  
 Record Status : Request medical certification

---

Fetal Medical Certification - Acceptance

By Accepting the case the ownership of the Fetal record will now be assigned to you/facility for further actions. Please click Submit if you agree, else click Cancel

[Submit](#)

3.5 To review/complete the Fetal Cause of Death, click on the **FETAL COD** link on the navigation menu to the left.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
 Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
 Pending Data Entry : Fetal Cause of Death - Initiating Cause/Other Significant Causes,Fetal Cause of Death - Fetus Examination Information  
 Record Status : Accepted by Medical Certifier

Fetal case has been accepted.

ACCEPT CERTIFIER ASSIGNMENT

Facility Name:	BON SECOURS ST. MARY'S HOSPITAL	Name:	STMARY_PH_2 STMARY_PH_2
Address:	5801 BREMO ROAD RICHMOND VA 23226	Title:	Medical Doctor
Phone:			

Case assignment has been accepted and ownership belongs to above mentioned facility.

3.6 If Fetal Registration staff completed this information, please review/edit for completeness and accuracy and click **SAVE**. If the information is blank, enter the cause of death information and click **SAVE**. When successfully saved, click on the **NEXT** button to navigate to the next screen..

**Fetal Cause of Death** Next >>

**INITIATING CAUSE/CONDITION** (please select the one which most likely began the sequence of events resulting in the death of the Fetus)

- 01 - Maternal Conditions /Diseases (Specify) \_\_\_\_\_
- 02 - Complications of Placenta, Cord, or Membranes
  - Rupture of membranes prior to onset of labor
  - Abruptio placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (Specify) \_\_\_\_\_
- 03 - Other Obstetrical or Pregnancy Complications (Specify) \_\_\_\_\_
- 04 - Fetal Anomaly (Specify) \_\_\_\_\_
- 05 - Fetal Injury (Specify) \_\_\_\_\_
- 06 - Fetal Infection (Specify) \_\_\_\_\_
- 07 - Other Fetal Conditions/Disorders (Specify) \_\_\_\_\_
- 08 - Unknown

**OTHER SIGNIFICANT CAUSES OR CONDITIONS** (select one or more conditions which may have contributed to the death of the Fetus)

- 01 - Maternal Conditions /Diseases (Specify) \_\_\_\_\_
- 02 - Complications of Placenta, Cord, or Membranes
  - Rupture of membranes prior to onset of labor
  - Abruptio placenta
  - Placental insufficiency
  - Prolapsed cord
  - Chorioamnionitis
  - Other (Specify) \_\_\_\_\_
- 03 - Other Obstetrical or Pregnancy Complications (Specify) \_\_\_\_\_
- 04 - Fetal Anomaly (Specify) \_\_\_\_\_
- 05 - Fetal Injury (Specify) \_\_\_\_\_
- 06 - Fetal Infection (Specify) \_\_\_\_\_
- 07 - Other Fetal Conditions/Disorders (Specify) \_\_\_\_\_
- 08 - Unknown

**Fetus Examination Information**

Was an Autopsy Performed?  Was a Histological Placental Examination Performed?

Were the above two results used in determining the Fetal COD?  Estimated Time of Fetal Death :

Save Undo

- 3.7 Perform your digital signature by checking the affirmation box, entering and then re-entering your **PIN**. Click **SUBMIT** to electronically sign.

**Fetal Cause of Death - Certify**

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:

Re-enter Pin:

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

- 3.8 A success message will indicate that the fetal death has been certified. The record will automatically be removed from the Pending list and status will indicate filed with DVR.

Medical Information has been successfully certified.

**MEDICAL CERTIFICATION**

Facility Name:	BON SECOURS ST. MARY'S HOSPITAL	Name:	STMARY_PH_2 STMARY_PH_2
Address:	5801 BREMO ROAD RICHMOND VA 23226	Title:	Medical Doctor
		Phone:	

Medical Information Completed and certified by Medical Certifier

## 4 FETAL DISPOSITION (RELEASE TO FUNERAL HOME)

4.1 If the Fetal Disposition was selected as “Release to FH,” navigate to the Fetal Update screen, and click the **RELEASE FETUS** link to choose a Funeral home.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
Pending Data Entry : Fetal Cause of Death - Initiating Cause/Other Significant Causes/Fetal Cause of Death - Fetus Examination Information  
Record Status : Accepted by Medical Certifier

### Fetal Update

Drop to Paper | Statistics | Fetal COD

Next >>

Hospital/Facility: BON SECOURS ST. MARY \* L  
First Name: MARY  
Last Name: SAUNDERS  
Estimated Gestation: 15 \*\*  
Date of Delivery: 08/29/2019 \*(mm/dd/yyyy)  
Gender: NOT DETERMINED \*  
Weight of Fetus(grams): 1899 \*  
Now Living: 0 \*  
Now Dead: 0 \*  
Date of Last Termination: 01/01/1850 \*(mm/dd/yyyy)  
Fetal Disposition: Release to FH \* (highlighted)

Other Place Of Delivery: [Dropdown]  
Middle Name: [Text]  
Suffix: [Text]  
Time of Delivery: 12:31 PM \*(unknown)  
Birth Order: 1 \*  
Lbs: 4 \*  
Oz: 3 \*  
Date of Last Live Birth: 01/01/1850 \*(mm/dd/yyyy)  
No. Of Terminations: 0

Medical Attendant: Choose From List | Not in List  
Title: [Dropdown]  
First Name: STMARY\_PH\_1 \*  
Last Name: STMARY\_PH\_1 \*

Person Completing the report: Choose From List | Not in List  
Title: [Dropdown]  
First Name: STMARY\_PH\_FMC \*  
Last Name: STMARY\_PH\_FMC \*

Save | Undo

Created By: STMARY\_FR (BON SECOURS ST. MARY'S HOSPITAL)  
Date Created: 08/30/2019 16:25:11  
Date Modified: [Text]

Next >>

4.2 Choose the appropriate funeral home by selecting from the List of Values.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
Pending Data Entry : None  
Record Status : Medical Information Certified

Fetus Name: MARY, SAUNDERS  
Place of Delivery: BON SECOURS ST. MARY'S HOSPITAL  
Date of Delivery: 08/21/2019

Facility: [Dropdown] (highlighted)

Address Details: [Text]

Assign to Funeral Home | Drop To Paper

List of Funeral Homes - Google Chrome  
kobe.vdh.virginia.gov/edrsbeta/child.funeralHome\_lov

Funeral Homes/Facilities

Search criterion for Funeral Homes/Facilities:  
woody% Find Close

Funeral Homes/Facilities	Address
<a href="#">WOODY (CENTRAL) FUNERAL HOME</a>	2649 MILLER CIR RICHMOND VIRGINIA 23219
<a href="#">WOODY (SOUTH) FUNERAL HOME</a>	2139 SOUTH SIDE DR GLEN ALLEN VIRGINIA 23059
<a href="#">WOODY FUNERAL HOME</a>	1020 HUGUENOT ROAD MIDLOTHIAN VIRGINIA 23113

4.3 After selecting a funeral home from List of Values, click **ASSIGN TO FUNERAL HOME**.

**NOTE: If Drop to Paper is selected, the case will be marked as "Dropped to Paper" and you will lose privileges to electronically assign the case to the medical certifier. Upon printing the case, the DIVISION OF VITAL RECORDS expects you to obtain Medical Certification for the case from a Medical Certifier and then file the Death Certificate with your Local Health Department.**

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
Pending Data Entry : None  
Record Status : **Medical Information Certified**

Fetus Name:	MARY, SAUNDERS
Place of Delivery:	BON SECOURS ST. MARY'S HOSPITAL
Date of Delivery:	08/21/2019

---

Facility:	WOODY (CENTRAL) FUNERAL HOME <a href="#">L</a>
Address Details:	2649 MILLER CIR RICHMOND VIRGINIA 23219

**Assign to Funeral Home** **Drop To Paper**

4.4 A confirmation page will appear indicating that the case has been assigned and is awaiting acceptance from the Funeral Home.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
Pending Data Entry : None  
Record Status : **Assigned to Funeral Home**

**DEMOGRAPHICS CERTIFIER ASSIGNMENT**

Facility Name:	WOODY (CENTRAL) FUNERAL HOME	Name:	Pending (Facility)
Address:	2649 MILLER CIR RICHMOND VA 23219	Title:	
		Phone:	

Case assigned to above mentioned facility and waiting for their acceptance.

**Cancel Assignment to Funeral Home**

4.5 The Fetal Registrar can deactivate the Funeral Home assignment if needed by clicking the **CANCEL ASSIGNMENT TO FUNERAL HOME** button.

Mother: SAUNDERS TIFFANY DOB : 03/01/1970 Pin Type : NONE Pin :  
Father: SAUNDERS TIMOTHY DOB : 05/06/1970 Pin Type : NONE Pin :  
Pending Data Entry : None  
Record Status : Assigned to Funeral Home

DEMOGRAPHICS CERTIFIER ASSIGNMENT

Facility Name:	WOODY (CENTRAL) FUNERAL HOME	Name:	Pending (Facility)
Address:	2649 MILLER CIR RICHMOND VA 23219	Title:	
		Phone:	

Case assigned to above mentioned facility and waiting for their acceptance.

**Cancel Assignment to Funeral Home**