



**HANDBOOK for EVitals / DAVE®
Death Certificate
Funeral Homes**

For Support with EVitals,
Contact the Dept of Health Help Desk:
(800) 280-1618 select **1**
(Select 4 for weekends and Holidays)
Monday ~ Friday 8am~5pm

EVitals Web Site: <https://evitals.health.state.nm.us/DAVE>

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Introduction and General Information

What is E-Vitals?

E-Vitals is a statewide electronic vital cases system accessible via the Web for the registration and issuance of birth and death certificates. E-Vitals can reduce the wait times for customers (NM citizens), reduce paper work for certifiers and funeral directors, and improve the quality of birth/death data in New Mexico.

DAVE®

DAVE® is the software for the E-Vitals project. It was developed by ChoicePoint and has been modified to suit New Mexico. Several other states are also using this software, adapted for their own state.



Database Application for Vital Events
A ChoicePoint® Product

Security

The data entered into the system is very secure. The program and data are not kept on individual computers where it would be vulnerable. Instead the program and data are kept on secure servers (large computers) in access-controlled state buildings. Many processes and procedures are in place to keep the data secure, yet to provide easy access for people doing the data entry. Access to the program is controlled by User Names and Passwords. User Names allow access only to the data and the parts of the program necessary for specific users to do their work. Aside from the State Registrar and the program administrators, no one has access to the entire program.

Computer Requirements

Since E-Vitals/ DAVE® is a web based program, there is nothing from the program that is loaded onto your computer. However, a computer does need the following to be able to use the DAVE® program:

Windows 2000 or higher Operating System

Internet Explorer 8.0 or higher

Adobe Acrobat Reader 8 or higher. Reader is a free program, widely available on the web. To install it: <http://www.adobe.com/products/acrobat/readmain.html>

Getting Help ~ (800) 280-1618

The Department of Health Help Desk is available Monday ~ Friday 8am~5pm, at (800) 280-1618 select 1 (select 4 for weekends and Holidays)



Opening and Closing the DAVE® Application

Accessing the Web Site

You need to have a computer with Internet Access and with Internet Explorer installed. The web site is: <https://evitals.health.state.nm.us/DAVE/logon.aspx>

Creating a Shortcut to the DAVE® Application

If there is no shortcut to DAVE® on your desktop, open Internet Explorer. Type the address above into the Address field and press Enter on your keyboard:

Once you have the Login screen showing, right click in the empty space around the photo and select Create Shortcut, then select OK. This will place a shortcut to DAVE® on your computer desktop.

Logging In

Click the shortcut to DAVE® on your computer's desktop.

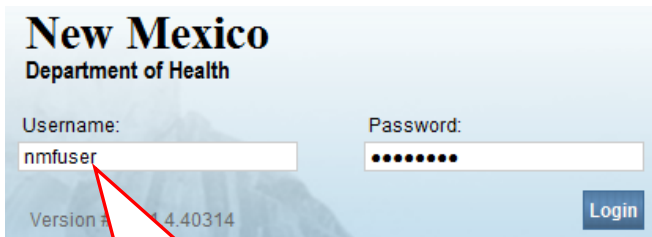
This will open the Log In screen:



Enter the User Name provided by Vital Records. Both User Names and Passwords are case sensitive.

Press the **Tab** key to move to the **Password** field, and enter your password. If you enter the wrong password more than 3 times in a row, your account will be locked. Contact the Help Desk to unlock it.

Press the **Enter** key (or click the **Login** button).



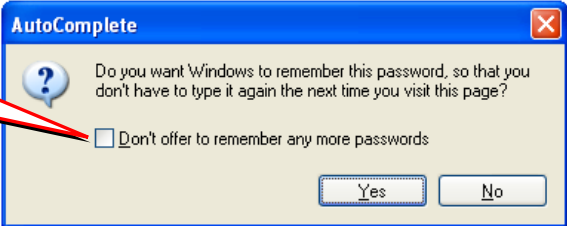
Funeral Home User



Funeral Home Director

If an Auto Complete window opens, click in the **Check Box** (“Don’t offer to remember any more passwords”) and select the **No** button.

To prevent this window from opening every time you log in, check this box.

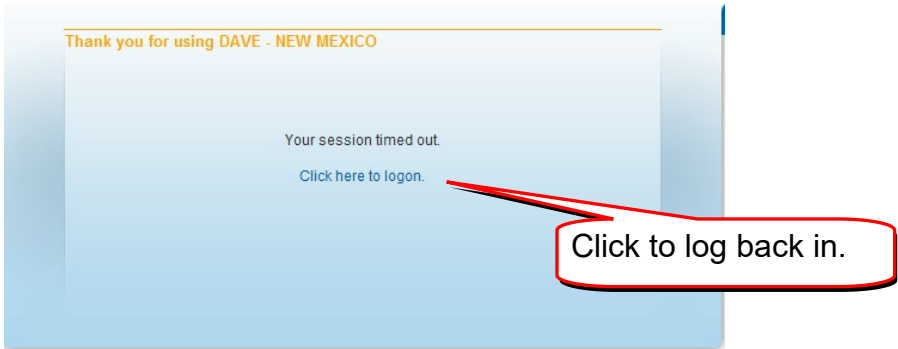


Server Not Found

The “server not found” message could indicate that your computer is not connected to the internet. Check your network connection. It could also indicate that the address is typed incorrectly. Reboot your computer and try again. If the problem persists, contact your local administrator or the Help Desk.

Timed Out

If the system logs you out, you can log back in by clicking on the “here” link.



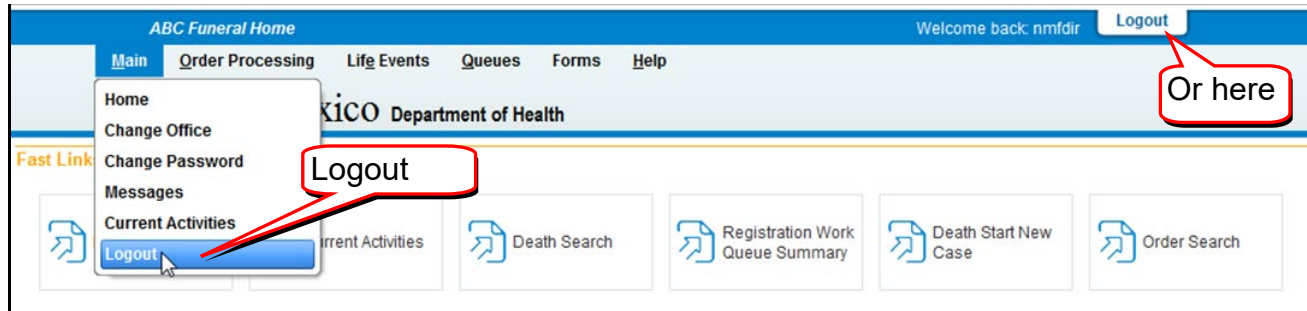
Passwords

As a new user, you will be provided with your user name and password. If you forget your user name or password, contact the Help Desk.

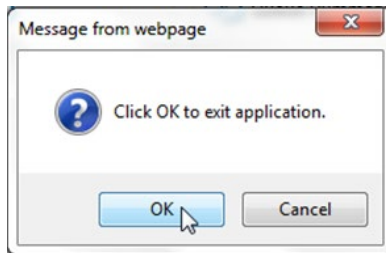
If you enter the wrong password more than 3 times in a row when you are trying to log in, your account will be locked. You will need to contact the Help Desk to have it unlocked.


Logging Off

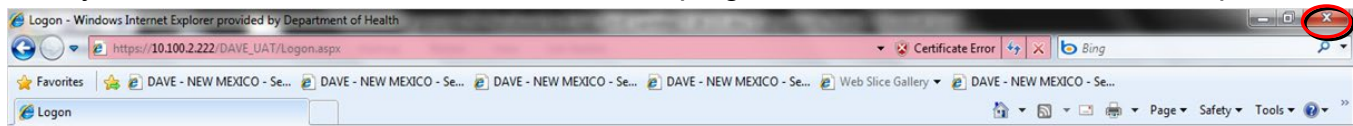
You can log off by selecting **Main** on the left hand menu bar, and then selecting **Logout** OR, select the small **Logout** button near the top right of your screen.



You will see a small window asking if you want to exit the program. Select **OK**.



Now you are out of DAVE® and can click the top right hand  to close Internet Explorer.



Missing Information in DAVE®

Missing Locations

The data in DAVE® is used for many purposes besides providing **Death Certificates** for families. It is important that we have accurate information on locations for **Decedent's Place of Residence** and **Decedent's Place of Death**.

With this in mind, our program has been developed to use **Drop Down** lists for names of **Cities**, **Counties** and **States**. We have tried to include most of the cities and counties that you may need to enter.

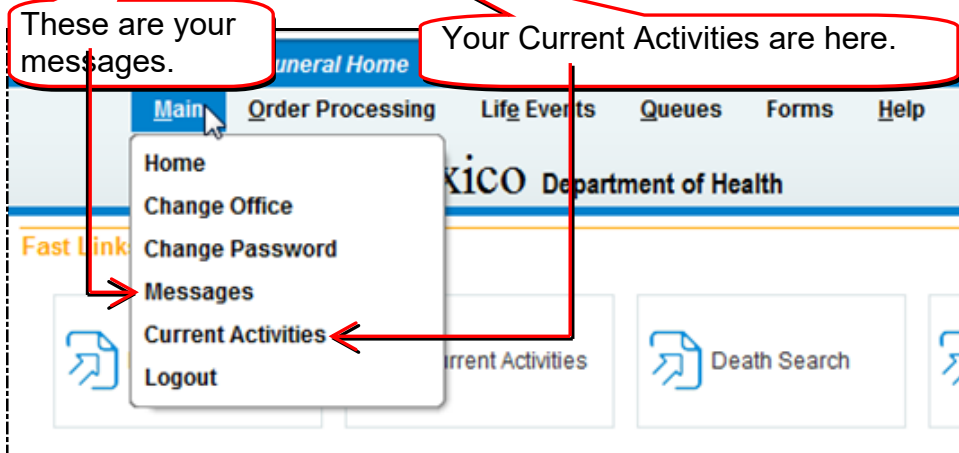
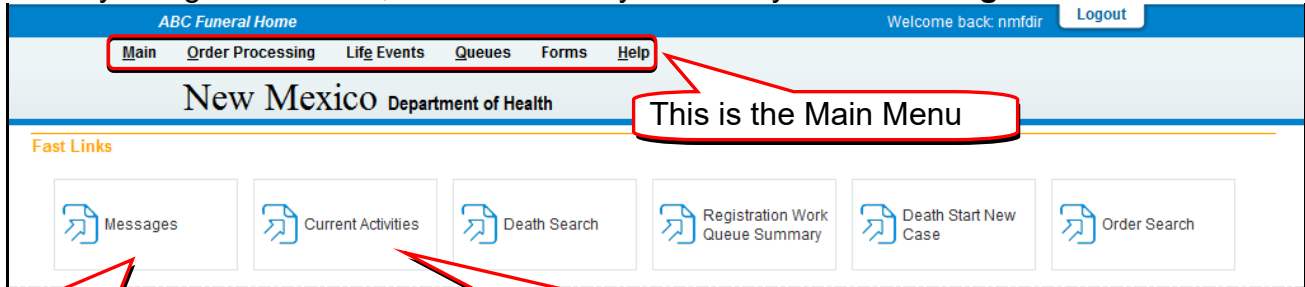
If/when you come across a **Place of Residence** or a **Place of Death** (in the USA, Canada or Mexico) that is not in the drop down, PLEASE do not key it in. Call us on the Help Desk number, and tell us what needs to be added or corrected.

Navigation, Data Entry Rules and Searching

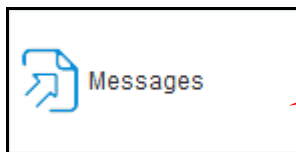
Navigation

Home Page

When you log into DAVE®, the first screen you see is your **Home Page**.

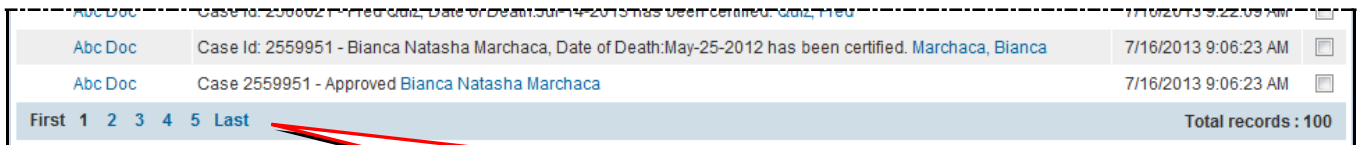


Click here to display your messages in order to view your messages.



Click here to display your messages.

Sometimes there are too many Messages to display at once. There will be a note at the bottom of the screen on the left that says something like "First 1 2 ... Last". Click on any of the underlined numbers or the word **Last** to see more items in the list. This same process works for any list in DAVE®.



To see more pages, click here.

Moving Around

Using the Tab key on your keyboard moves your cursor to the next field

Using the Tab + Shift keys together moves your cursor to the previous field.

Navigation Buttons

On a data entry screen:

The screenshot shows a web form for death registration. At the top, a 'Status Bar' callout points to the header area containing the case number '2560028', name 'Andrew Test', and date 'Jul-21-2013'. A 'Return button' callout points to the 'Return' button in the bottom right. A 'Save button' callout points to the 'Save' button. A 'Clear button' callout points to the 'Clear' button. A 'Next button' callout points to the 'Next' button. A 'Validate button' callout points to the 'Validate Page' button. The form includes fields for 'Decedent's Legal Name' (Prefix, First: Andrew, Middle, Other Middle, Last: Test, Suffix), 'Decedent's Maiden Name', 'Gender' (Male), 'Social Security Number', 'Date of Birth' (Age, Under 1 Year, Under 1 Day), and 'Decedent's Birth Place' (City or Town, State, Country: United States). A 'Validate Page' button is located at the bottom right of the form area.

The **Validate Page** button checks the data on this page and will put it in the **Personal Pending** queue.

The **Next** Button saves this page and moves on to the next screen.

The **Clear** Button clears any information you have entered on this page since last save.

The **Save** Button saves information you have entered on this page.

The **Return** Button takes you back to the previous action.

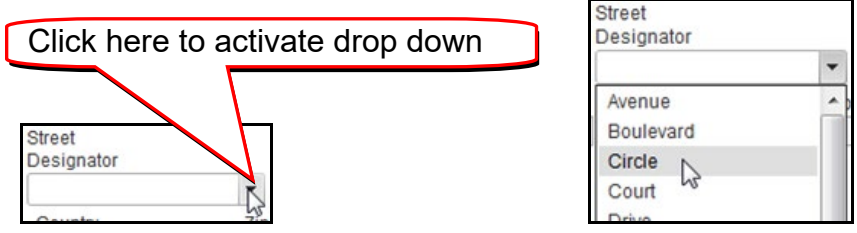
The **Status Bar** gives you information on the status of the case.

This inset screenshot shows a portion of the data entry form, including the header with case number '2560028', name 'Andrew Test', and date 'Jul-21-2013'. It also shows the 'Decedent's Legal Name' section with 'First' name 'Andrew' and 'Last' name 'Test'.



Drop Down Lists

Drop Down lists – to make a selection in a drop down list, mouse click on the small down arrow, and then click on the item of your choice



Sorting Columns

Sorting Columns – any column with an underlined heading in blue can be sorted by clicking on the heading. In this case, clicking **Date of Event** sorts the column by the date of death.


All	Case Id	File Number	Registrant	<u>Date of Event</u> ↑	Data Provider
<input type="checkbox"/>	2560029		Test, Bill	Jul-22-2013	ABC Funeral Home
<input type="checkbox"/>	2559936		Signature, Electronic	Nov-16-2012	ABC Funeral Home
<input type="checkbox"/>	2559935		November Jr, John	Nov-01-2012	ABC Funeral Home
					Total records : 3


These results are now sorted by date of death.

All	Case Id	File Number	Registrant	<u>Date of Event</u> ↓	Data Provider
<input type="checkbox"/>	2559935		November Jr, John	Nov-01-2012	ABC Funeral Home
<input type="checkbox"/>	2559936		Signature, Electronic	Nov-16-2012	ABC Funeral Home
<input type="checkbox"/>	2560029		Test, Bill	Jul-22-2013	ABC Funeral Home
					Total records : 3

Comments

If there is a tiny magnifying class near the Case ID, there is a comment entered on the case. Open the case to see the comment.

All	Case Id	File Number	Registrant
<input type="checkbox"/>	 2560029		
<input type="checkbox"/>	487609		Test, Carl

This sign  means there is a comment on the case. You will only see this in the queues.

Check Boxes

Check Boxes – use a mouse click (or a Tab and Space Bar combination) to select a check box:

Race

What race did decedent consider himself to be?(More than one race can be indicated)

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown

Race

What race did decedent consider himself to be?(More than one race can be indicated)

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)
<input checked="" type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify)
Jemez Pueblo	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian Indian			

Place Help Icon

There is a **Place Help** icon that can assist in entering **City**, **State**, **County** and **Country**. Using it will prevent spelling errors and keep our data “clean”. Please use it every time you enter a place.

The screenshot shows the 'Address' form with the following fields: Street Number (123), Directional (E), Street Name (Main), Street Designator (Street), Post Directional, Apt # (A27), City or Town (Los Lunas), County (Valencia), State (New Mexico), Country (United States), and Zip Code (87031). A red callout box points to a house icon labeled 'Place Help Icon' located below the City or Town field.

Instead of keying in the **City**, **County**, **State** and **Country**, click on the **Place Help Icon** to open the **Places** window:

The screenshot shows the 'Places' window with fields for Country (United States), State (Please Select), County, City, and Zip. A red callout box points to the dropdown arrow next to the State field with the text: "Then click this arrow to select the state."

The screenshot shows a list of states: Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Marianas, and Ohio. 'New Mexico' is highlighted in blue. A red callout box points to the list with the text: "Select the state here."

To move to the next field click on the arrow by the next field or press the TAB key and click on the arrow next to the field. This loads the appropriate data in to the next field (State, in this case), and moves your cursor there. Most of the time, the Country field will default to United States, and you will start with State or County.

Now you select the appropriate city. Then click on **Select**.


The **Place Help Icon** will not currently give you a list of all zip codes, so stop after you select the city, and click on the **Select** button.


The **Select** button will take you back to the address screen. Mouse or TAB to the **Zip** field and enter the Zip code.


If a place (for **Decedent's Residence** or **Place of Death**) is not found in the **Place Help Icon** and is in Mexico, Canada or the US, please call the Help Desk so it can be added.

The screenshot shows the 'Places' window with Country (United States), State (New Mexico), County (Bernalillo), City (Albuquerque), and Zip (Please Select). A red callout box points to the 'Select' button with the text: "Click on the **Select** button and then manually fill in the Zip on the Address field."


Look Ups

Lookup fields are very similar to **Drop Down** fields, but usually have longer lists and can be searched. Lookup fields are labeled **Lookup** and have a button with a magnifying glass  at the end of the field:

This  indicates a Lookup

Place of disposition
Place of Disposition 

City or Town State Country
United States

When you click on the , the Facility Name field will appear. Type in the place name you are looking for using the Wild Card%. Click on **Search**

Lookup Place Of Disposition

Facility Name > Dan% Search

Type in part of the name here and use the Wild

Cancel

Click on the Select by the Place Name you wish to select.

Lookup Place Of Disposition



Facility Name > Dan% Search

Facility Name	Address	City	
Daniels Family Crematory	4310 Sara SE Road	Rio Rancho	select
Daniels Family Crematory (Yale)	700 Yale	Albuquerque	select

Total records : 2

Cancel

Clicking on the **select** link will paste your choice into

Place of disposition
Place of Disposition
Daniels Family Crematory  

City or Town State Country
Rio Rancho New Mexico United States

Federal Director or person acting as authority

You may also select the eraser icon  to clear the field it is associated with.

Data Entry Rules

Names

All names must be entered with first letter capitalized (Jane, not jane or JANE). Names cannot include a period, even for Jr, Sr or an initial.

Addresses

PO Boxes may only be used in the **Informant** address field. For all other addresses, a street address must be entered. When using PO Box, place 2 “#” signs in the **Street Number Field** and “PO Box” with the correct number in the **Street Name field**.

2560030 :Bill Test Jul-24-2013
/Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending

Resident Address

Address

P.O. Box entered

Street Number	Pre Directional	Street Name, Rural Route, etc. (Physical Address only)	Street Designator	Post Directional	Apt #, Suite #, etc.
##		P.O. Box 23			

City or Town	County	State	Country	Zip Code
Albuquerque	Bernalillo	New Mexico	United States	87195

Inside City Limits

Validate Page Next Clear Save Return

Some cities in New Mexico have a NW, SE etc. in their address after the **Street Designator** (Street, Drive or such) such as 1100 San Mateo NE, Albuquerque. Enter the NE in the **Post Directional** field.

If there is an apartment or suite, enter the number of the apartment or suite in the **Apt or Suite** field. There are only 5 spaces in this field – if you type in Suite, you will not have enough space to enter a suite number.

Resident Address

Address

Post

Street Number	Pre Directional	Street Name, Rural Route, etc. (Physical Address only)	Street Designator	Post Directional	Apt #, Suite #, etc.
123		Gold	Boulevard	NE	B26


City or Town	County	State	Country	Zip Code
Albuquerque	Bernalillo	New Mexico	United States	87195

Inside City Limits

Apt entered

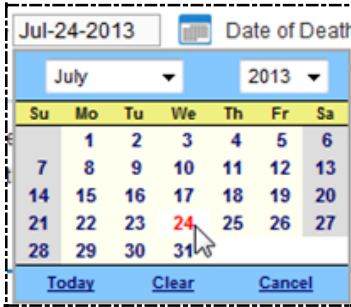
Validate Page Next Clear Save Return

City, State and Zip

Please use the **Place Help Icon**  (see above) on the **Resident Address** and on the **Place of Death** pages to assist in entering City, County, State and Country. Using it will help keep our data clean; however, the **Place Help Icon** will not currently give you a complete list of zip codes. Stop before you enter the zip code, click on the **Select** button. The **Select** button will take you back to the address screen. Mouse or TAB to the Zip field and enter the Zip code.

Dates

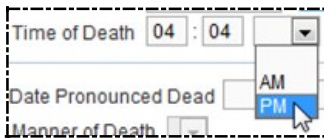
Dates can be entered by using the **Calendar Icon**



or, by typing in date as MMDDYYYY then tab.

Times

Times need to be entered as Hour Hour Minute Minute (HH MM; for instance, 04 07). Then use the drop down box to select AM or PM.

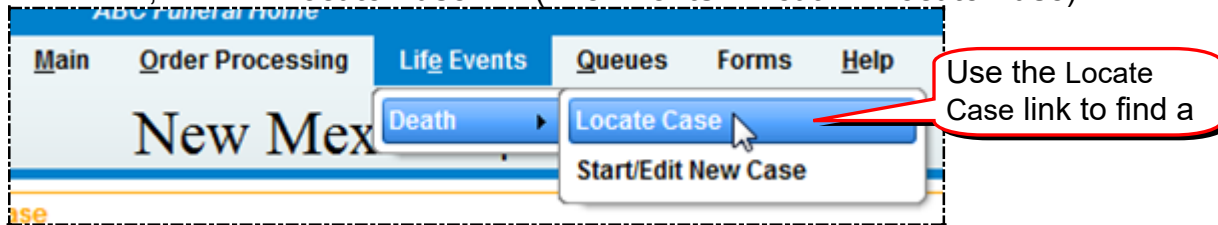


If the time is unknown, you may enter 99 for hour, and 99 for minute.

Searching

Locate Case

You can use the **Locate Case** link to search for any case that your funeral home has entered. To do this, use the **Locate Case** link (**Life Events > Death > Locate Case**):



Enter the **Last name**. You can use the wild card to help you find cases (Jo% will find Joseph, Jo, and Joe). You can limit your search with **Date of Birth**, **Date of Death** or **Gender** – but you may miss the case you are looking for.

You can also use the Locate Case screen to search by SSN, Date of Birth, Case ID, and by the Place of Death.

If you need to find a case that was not entered by your Funeral Home, use the **Start/Edit New Case** link.

Start/Edit New Case

This is another form of searching. This is used to search for a case before you create a new case. It is also used to search for a case that does not have a “personal” owner.

Retrieving un-owned cases

A Funeral Home can take control of a case that has been entered by someone else if the case is “un-owned”. Un-owned means the case does not have a personal owner assigned to this case. Cases such as when the case was started by OMI or a certifier. You will need to know the **First Name**, **Last Name**, **Date of Death** and **Gender** of the decedent.

Use the **Start/Edit New Case** link, NOT the **Locate Case** link. The **Locate Case** link will only find cases that have been entered by your Funeral Home.

To Retrieve an Un-Owned Case use the **Start/Edit New Case** link. Enter the **First Name**, **Last Name**, **Date of Death** and **Gender** of the decedent and press **Search**:

After entering Name, DOD and Gender, press

If the case is entered into the system and available to you, you will see it listed:

The screenshot shows a table with the following data:

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Preview
2560039	Test, Unknown	Jul-26-2013	Female			

Below the table, there is a red callout box containing the text: "Click on the Decedent's Name to open the". To the right of the table, there are buttons for "Start New Case" and "New Search".

Click on the **Decedent's Name** to open the case. You will see a message "The case you have selected is an un-owned case. Press OK to become the owner of this case or Cancel to return to the list."

Press OK to accept ownership of the case.

The screenshot shows the same search results table as above, but with a modal dialog box overlaid. The dialog box has a title bar that says "Message from webpage" and contains the following text:

The Case you have selected is an un-owned case. Press OK to become the owner of this case or Cancel to return to the list.

At the bottom of the dialog box, there are two buttons: "OK" and "Cancel". A mouse cursor is pointing at the "OK" button.

Wild Card Searches

Using a **Wild Card** during a search can help you find cases you might otherwise miss when doing a locate. The DAVE® system uses the percent sign (%) as the wild card. Typing it in a search tells the system to find all words beginning with the letters before the %. If you searched for Jo%, the system would show any names starting with Jo: Jo, Joe, Joseph, Josephine and so on.

In the DAVE® system, the wild card cannot be used at the beginning of a word or in the middle: %alazar won't work, neither will Jo%ph.

The Wild Card does not work for *Start Edit New Case*.

Data Entry

Duplicate Cases in DAVE cannot be removed. Please be VERY careful to double check before you start a new case.

Search before Entering a New Case

Before entering a new case, it is imperative that you search the data to be sure the case has not already been entered or started. This is to reduce duplicate cases. Eliminating (or at least Reducing) duplicate cases is one of the big advantages of DAVE®. Be SURE you check each and every time you start to enter a new case.

Before you start data entry on a case, you need to search the data base for any previous case on that decedent. To do this, use the **Locate Case** link (**Life Events > Death > Locate Case**):

Main Order Processing Life Events Queues Forms Help

New Mex Death Locate Case Start/Edit New Case

Use the Locate Case link to find a

Main Order Processing Life Events Queues Forms Help

New Mexico Department of Health

Locate Case

Decedent's Information

First: Last: Date of Death:

Gender: SSN: Date of Birth:

Case Id: OMI Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

Search Soundex Clear

Enter the **First** and **Last** name. You can use the wild card to help you find cases (Jo% will find Joseph, Jo, and Joe). Don't limit your search with **Date of Birth**, **Date of Death** or **Gender** – you need to cast a broad net to be sure you find a duplicate if there is one.

If one or more cases are found, open them and check to be sure they are not duplicates of the one you are entering.

If NO previous case is found

Proceed to the Start/Edit New Case link (Main Menu bar > Life Events > Death > Start/Edit New Case):

ABC Funeral Home Welcome

Main Order Processing Life Events Queues Forms Help

New Mex Death Locate Case Start/Edit New Case

To Start/Edit New

Enter only the **First** name, **Last** name, **Date of Death** and **Gender** of the decedent to expand your search. Click the **Search** button.

Start/Edit New Case

Decedent's Name

First: Pauline Last: Test Date of Death: Jul-29-2013

Gender: Female SSN: Date of Birth:

Case Id: OMI Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

Search Clear

Since you have already searched, no previous case should be found. The system will show a message asking if you want to start a new case:

The screenshot shows the 'ABC Funeral Home' interface. The top navigation bar includes 'Main', 'Order Processing', 'Life Events', 'Queues', 'Forms', and 'Help'. The user is logged in as 'nmfdir'. The main header reads 'New Mexico Department of Health'. The 'Results' section contains a message: 'There are no cases that match the criteria you have entered. If this is a new case, select the Start New Case button or select the New Search button to perform a new search.' At the bottom right, there are two buttons: 'Start New Case' and 'New Search'. A red callout box with a pointer highlights the 'Start New Case' button, containing the text: 'If no matching cases are found, click the Start New Case button to create a'.

If there is a case found, DAVE® will show a **Cases Found** screen:

The screenshot shows the 'Cases Found' screen. The 'Results' section displays a table with the following data:

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Preview
2560044	Test, Pauline	Jul-29-2013	Female			Preview

Below the table, it says 'Total records : 1'. At the bottom right, there is a 'New Search' button.

Click on the **Decedent's Name** or the **Preview** screen to be sure you are not creating a duplicate.

However, you will not be able to view the case if your facility does not own the case.

Entering Personal Information

When you have completed the search, click the **Start New Case** button to begin entering the new case. The data entry screens will open to the **Personal Information** screens. Notice that the **Main Menu** bar has changed to show the links to the **Death Registration Menu**:

Death Registration **Case ID Number, Decedent's Name, and Date of**

Death Registration Menu 2560044 :Pauline Test Jul-29-2013
/New Event/New Event/Not Registered/Not Affirmed/Uncertified/NA

Personal Information

Decedent

Will your institution be responsible for completing and filing the death registration for the decedent?

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix

 Pauline Test

Decedent's Maiden Name

If female, give last name prior to first marriage (Maiden)

Gender Social Security Number

 None Unknown

Date of Birth Years Months Days Under 1 Year Under 1 Day SSN Verification Status

 UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country

 United States

Ever in US Armed Forces?

As soon as you have pulled up the Decedent screen, write down the Case ID number – this will prove invaluable later if you get lost!

Now you can proceed to enter the **Personal** data on the Decedent.

Decedent Screen in Personal Information

Four things to keep in mind on the **Decedent** Screen:

2560044 :Pauline Test Jul-29-2013
/New Event/New Event/Not Registered/Not Affirmed/Uncertified/NA

Decedent

Will your institution be responsible for completing and filing the death registration for the decedent?

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix

 Pauline Test

Decedent's Maiden Name

If female, give last name prior to first marriage (Maiden)

Gender Social Security Number

 None Unknown

Date of Birth Years Months Days Under 1 Year Under 1 Day SSN Verification Status

 UNVERIFIED (0)

Is there a Middle

Jr,

If she was married the Maiden Name will go

Verify, Verify, Verify the

When you click on **Verify SSN**, the system will carry on a verification process in the background with SSA. Your screen will look like this until the verification process is completed:

SSN Verification Status

Verify SSN PENDING (0)

Pending

After the information has been entered, click on the **Validate Page** button at the bottom of the screen. If there are any errors they will show up beneath the screen, under **Validation Results**. Red, Green and Yellow arrows will also show on the **Menu Bar** on the left. For help, see [Validation Process](#) in this handbook.

The screenshot shows a web-based death registration form for Pauline Test, dated July 29, 2013. The form includes sections for Personal Information, Decedent, Decedent's Legal Name, Decedent's Maiden Name, and Decedent's Birth Place. A 'Validation Results' section at the bottom displays an error message: 'DR_0093: Record cannot be submitted for registration without SSN verification attempt. Please verify SSN.' Callouts with red arrows point to various elements: 'Arrows show validation status.' points to the left-hand menu bar; 'Validate' points to the 'Validate Page' button; 'Click here to move to Next' points to the 'Next' button; and 'List of' points to the 'Validation Results' section.

Change any information, and then click on **Validate Page** button again.

When you have the changes made, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen (**Resident Address**).

Resident Address

In DAVE®, addresses are entered in sections, instead of one long string. You separate out the **Street Number** from the **Street Name** and such.

Example of the **Resident Address** screen:

2560044 :Pauline Test Jul-29-2013
/Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending

Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc. (Physical Address only)	Street Designator	Post Directional	Apt #, Suite #, etc.
123	N	Gold	Boulevard		
City or Town	County	State	Country	Zip Code	
Socorro	Socorro	New Mexico	United States	87801	

Inside City Limits
Yes

Validate Page Next Clear Save Return

Change any information, and then click on **Validate Page** button again.

When you have the changes made, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen (**Family Members**).

Family Members

Sample **Family Members** screen:

2560044 :Pauline Test Jul-29-2013
/Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending

Family Members

Marital Status Married

Surviving Spouse's Name

First	Middle	Last (if wife, name prior to first marriage)	Suffix
Walter	Herbert	Test	Sr.

Father's Name

First	Middle	Last	Suffix
Gordon	George	Quiz	

Mother's Maiden Name Prior to First Marriage

First	Middle	Last	Suffix
Joy	June	Examination	

Validate Page Next Clear Save Return

Change any information, and then click on **Validate Page** button again.

When you have made the changes, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen (**Informant**).

Informant

Sample Informant screen:

2560044 :Pauline Test Jul-29-2013
/Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending


Informant

Informant Name

First	Middle	Last	Suffix
Walter	Herbert	Test	Sr

Relationship to Decedent Other specify

Mailing Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc	Street Designator	Post Directional	Apt #, Suite #, etc.
123	N	Golden	Boulevard		
 City or Town	State	Country	Zip Code		
Socorro	New Mexico	United States	87801		

Change any information, and then click on **Validate Page** button again.

When you have made the changes, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen (**Resident Address**).

Disposition



Sample **Disposition** screen:


Disposition

Method of disposition Other Specify




Cremation Permit Status NA

Place of disposition

Place of Disposition  

 City or Town State Country




Funeral Director or person acting as authority

License Number  **Lookup**  

First Middle Last Suffix


Title of Authority Other (Specify)

Funeral Service Facility or person acting as authority

Business Registration Number  **Lookup**  

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

City or Town State Country Zip Code



If the Title of Authority field does not auto populate, use the look up icon , and select from the drop down

Disposition

Method of disposition Other Specify




Cremation Permit Status NA

Place of disposition

Place of Disposition  

City or Town State Country




Funeral Director or person acting as authority

License Number  **Lookup**  

First Middle Last Suffix

Title of Authority Other (Specify)

Funeral Service Facility or person acting as authority

Business Registration Number  **Lookup**  

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

City or Town State Country Zip Code

Change any information, and then click on **Validate Page** button again.

When you have made the changes, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen (**Decedent Attributes**).

Decedent Attributes

Sample Decedent Attributes screen If the decedent is a student type the occupations field the level (i.e. High school).

Decedent Attributes

Decedent's occupation Decedent's industry

Decedent's education

Ancestry

Decedent of Hispanic origin Other Specify:

Race

What race did decedent consider himself to be?(More than one race can be indicated)

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown

Change any information, and then click on **Validate Page** button again.

When you have made the changes, PLEASE go back to the first **Personal** data page, **Decedent Information**. Double check your data for these very important fields:

Full Name	Date of Birth
Maiden Name	Date of Death
Social Security Number	

Now you are ready to click on the **Affirm** button on the Main Menu bar to proceed to the **Affirmation** page.

However if you know the time, date, and place of death you may click on **Next** button at the bottom of the screen to proceed to the next data entry screen (**Pronouncement**), waiting to affirm the case once the Pronouncement and Place of Death screens have been completed.

Pronouncement

Funeral Homes are not required to enter information in the Pronouncement or Place of Death pages. However, many Funeral Homes enter this information. Any information you enter on these two pages may be changed by the Certifier when they enter the medical information.

Sample **Pronouncement** screen:

Pronouncement

Date of Death Date of Death Modifier

Time of Death Time of Death Modifier

Date Pronounced Dead Time Pronounced Dead

Manner of Death

Change any information, and then click on **Validate Page** button again.

When you have made the changes, click on the **Next** button at the bottom of the screen to proceed to the next data entry screen.

Place of Death

Sample **Place of Death** screen:

Place Of Death

Type of place of death Other Specify

Facility Name

Address


Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

City or Town County State Country Zip Code

Medical Record Number


[Validate Page](#) [Clear](#) [Save](#) [Return](#)

Use the drop down menu to select the Type of place of death

Click on the  icon next to the Facility Name to select the facility after you have selected type of place of death.

Place Of Death

Type of place of death Other Specify

Facility Name  

Address

Using the Wild Card %, type in a portion of the facility's name and click on Search.

Lookup Place Of Death Facility

Facility Name [Search](#) [Cancel](#)

Click on Select next to the facility's name.

Lookup Place Of Death Facility

Facility Name [Search](#)



Facility Name	Address	City	
ABC Hospital	1105 St. Francis Drive	Santa Fe	select

Total records : 1

[Cancel](#)

Place Of Death

Type of place of death Other Specify

Facility Name  

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="1105"/>	<input type="text" value=""/>	<input type="text" value="St. Francis"/>	<input type="text" value="Drive"/>	<input type="text" value=""/>	<input type="text" value=""/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Santa Fe"/>	<input type="text" value="Santa Fe"/>	<input type="text" value="New Mexico"/>	<input type="text" value="United States"/>	<input type="text" value="87505"/>	

Medical Record Number

If the Decedent's Residence is selected the address will auto-populate with the Decedent's Address.

If an Assisted Living Facility then the name of that facility as well as the address of that facility will need to be entered manually.

After the Place of Death information has been entered, you need to click on the Validate button and make the necessary changes.

Referring a Case to a Medical Certifier

Before you affirm a case know what Certifiers are signing the death certificates electronically.

The screenshot shows the 'Place of Death' section of a web form. The form includes fields for 'Type of place of death' (set to 'Hospital-Inpatient'), 'Facility Name' (ABC Hospital), and an address section with fields for Street Number (1105), Street Name (St. Francis), Street Designator (Drive), City or Town (Santa Fe), County (Santa Fe), State (New Mexico), Country (United States), and Zip Code (87505). A 'Medical Record Number' field is also present. On the left, a 'Death Registration Menu' sidebar lists various options, with 'Request Medical Certification' highlighted. A blue dashed arrow points from this menu item to an 'Other Links' pop-up menu. This pop-up menu contains a list of actions: Comments, Correspondence, Order Certified Copies, Print Forms, Relinquish Case, Request Medical Certification (highlighted with a mouse cursor), Transfer Case, Trade Calls, Validate Registration, and Switch User. At the bottom right of the form, there are buttons for 'Validate Page', 'Clear', 'Save', and 'Return'.

When you click on the Request Medical Certification button, the Request Medical Certification page will show. Use the **Look Up** (magnifying glass) button and select the appropriate certifier.

The screenshot shows the 'Request Medical Certification' page. The 'Certifier Information' section has fields for 'Certifier Name' and 'Facility/Office Name', both with magnifying glass icons. Below these are fields for 'First Name', 'Middle', 'Last', and 'Office'. A message box contains the text: 'Please complete the medical certification for: Case Id: 2560044 - Pauline Test, Date of Death: Jul-29-2013.' At the bottom right, there are 'Clear', 'Save', and 'Return' buttons. A red callout box with a magnifying glass icon points to the magnifying glass icon next to the 'Facility/Office Name' field. The text inside the callout box reads: 'To look up a Certifier, click on the'.

Using the **Wild Card %** type a portion of the Medical Certifier's last name and click on **Search**

message Please complete the medical certification for. Case Id. 2560044 -

When you locate the Medical Certifier, click on **select**.

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
	Doc		Abc		1105	St. Francis	select
2000555	Doctor		Nm		1105	St. Francis	select

Total records : 2

After you click on select, the system will auto populate the name of the Medical Certifier.

Request Medical Certification

Certifier Information

Certifier Name:

Facility/Office Name:

First Name: Abc

Middle

Last Doc

Office:

Message: Please complete the me

Using the **Wild Card %** type a portion of the Facility/Office Name and click on **Search**

Certifier Information

Certifier Name:

Facility/Office Name:

First Name: Abc

When you locate the Facility/Office click on **select**

Request Medical Certification

Lookup Medical Facilities

Facility Name: ABC% Search

Facility Name	Address	City	
ABC Hospital	1105 St. Francis Drive	Santa Fe	select

Total records : 1

Cancel

After you click on select, the system will auto populate the name of the Facility/Office.

Request Medical Certification

Certifier Information

Certifier Name: [Search] [Edit]

Facility/Office Name: [Search] [Edit] **ABC Hospital**

First Name: Abc
Middle
Last Doc

Office: ABC Hospital

Message: Please complete the med...

When the Certifier and Facility are selected the message will default to “Please complete the medical certification for: Case...” If you wish to change the Message you can before clicking on Save.

2560044 :Pauline Test Jul-29-2013

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Medical Pending/Affirmation Required

Request Medical Certification

Certifier Information

Certifier Name: [Search] [Edit]

Facility/Office Name: [Search] [Edit]

First Name: Abc
Middle
Last Doc

Office: ABC Hospital

Message: Please complete the medical certification for: Case Id: 2560044 - Pauline Test, Date of Death: Jul-29-2013.



Clear **Save** Return


Once you have selected the Medical Certifier, Facility/Office and, are satisfied with the Message click on **Save**.

The screen is now disabled and has been sent to the Medical Certifier for certification.

Request Medical Certification

Certifier Information

Certifier Name:  

Facility/Office Name:  

First Name: Abc
Middle
Last Doc
Office: ABC Hospital

Message

The **Status Bar** for the case will now show that the Medical Certification has been requested.

2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Affirmed/Uncertified/NA/Medical Pending/**Medical Certification Requested**

The medical certifier will receive a message stating a case is ready to be certified.

Messages

From	Message Text	Date Sent	<input type="checkbox"/>
Funeral Director	Please complete the medical certification for: Case Id: 2560044 - Pauline Test, Date of Death: Jul-29-2013. Test, Pauline	8/2/2013 1:01:33 PM	<input type="checkbox"/>
Abc Doc	Case 2560048 - Approved Jason Abq	8/2/2013 11:07:09 AM	<input type="checkbox"/>
Abc Doc	Case 2560049 - Approved Mary Abq	8/2/2013 11:03:55 AM	<input type="checkbox"/>
Abc Doc	Case 2560047 - Approved Susan Abq	8/2/2013 10:58:52 AM	<input type="checkbox"/>

Processes

Affirmation Process

Only an FSP may Affirm a case.

When you have entered all of the data, have validated and made all changes, then your case should have a status of **Personal Valid**. To check, click on the **Status Bar**. It should say **Personal Valid**.

The case below does NOT have a **Personal Valid** status:

2560044 :Pauline Test Jul-29-2013 /Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Medical Pending/Personal Pending Decedent
--

Case is NOT finished, says Personal

This case does have a Personal Valid status:

2560044 :Pauline Test Jul-29-2013 /Personal Valid With Exceptions/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Medical Pending/Affirmation Required Decedent
--

A Valid case says Personal Valid With Exceptions or Personal

Once the case has **Personal Valid** (or **Personal Valid with Exceptions**) status, it is ready for the Funeral Director to **Affirm**.

If the physician is using DAVE, DO NOT Drop to Paper. Use Refer for Medical Certification link.

Make sure you know who the Certifier is before affirming.

ONLY THE FUNERAL DIRECTOR will have the Affirm link.

Death Registration Menu

- Personal Information
 - ▶ Decedent
 - ▶ Resident Address
 - ▶ Family Members
 - ▶ Informant
 - ▶ Disposition
 - ▶ Decedent Attributes
- Medical Certification
 - ▶ Pronouncement
 - ▶ Place of Death
- Other Links
 - Comments
 - Correspondence
 - Order Certified Copies
 - Print Forms
 - Relinquish Case
 - Request Medical Certification
 - Transfer Case
 - Trade Calls
 - Validate Registration
 - Switch User

If the FSP is close by, you can select the **Switch Users** link on the left and they can log in to complete the Affirmation. The same case will be open when Switch Users is selected.

Switch Users

User Name: abcfdir

Password:

Login Close

If you are the Funeral Director, you will be able to see the **Affirmation** link on the **Main Menu** bar and you can proceed to **Affirm** the case.

Death Registration Menu 2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Medical Pending/Affirmation Required

Personal Information
Decedent
Resident Address
Family Members
Informant
Disposition
Decedent Attributes
Affirm
Medical Certification
Pronouncement
Place of Death
Other Links

Decedent's Legal Name
Prefix First Middle Other Middle Last Suffix
Pauline Test

Decedent's Maiden Name
If female, give last name prior to first marriage (Maiden)
Quiz

When a case has a Personal Valid status, you will be able to see the

Click on the **Affirm** link to open this window.

Click on the box to affirm, and press the **Affirm** button. You will receive this message to let you know that your data has been entered, validated and that you have affirmed the case.

2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Medical Pending/Affirmation Required

Affirmations

Affirm the following:

By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.

Affirm Clear Return

2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Affirmed/Uncertified/NA/Medical Pending

Affirmations

Authentication successful.

Clear Return

If you receive a message about an **Invalid User**, you need to go back to the **Disposition** page and make changes in either the FSP or Funeral Home fields. **Validate** again, and have the FSP try to affirm again. If this doesn't work, please contact us at the Help Desk.

Affirmations

Affirm the following:

By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.

Verification failed. Invalid user.

Affirm Clear Return

At this point, you can **Drop to Paper** or refer the case to a Medical Certifier to sign.

If the medical certifier is participating in the DAVE® system, you can [refer the case](#) directly to the certifier. They can do the medical certification electronically and the case will be electronically submitted to the State Vital Records office.

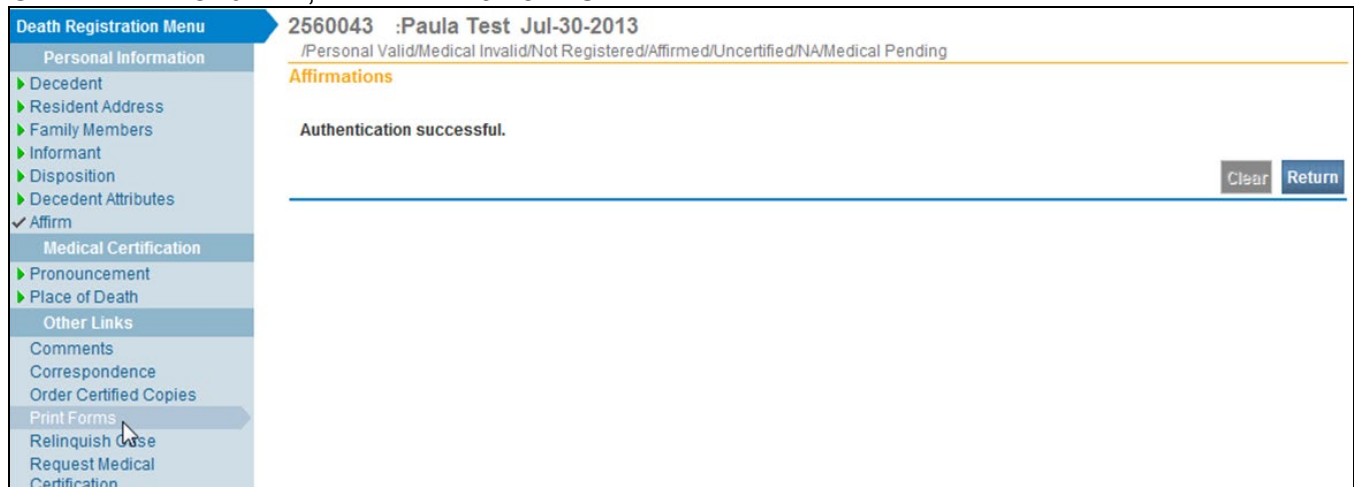
The [Drop to Paper](#) process is used when the medical certifier does not use the DAVE® system. You would print a partial Certificate with the data entries and take the certificate to a certifier. Once the certifier completes the medical information and certifies, you will fax the Certificate to 1-866-672-4137 or 505-827-0403 for completion. Once Certified copies are received mail the originals to the Santa Fe office.

Drop to Paper Process

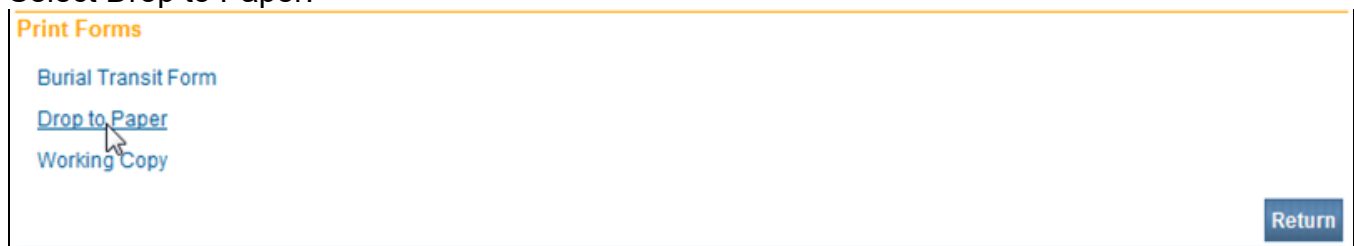
To use the **Drop to Paper** Process, the case must have **Personal Valid** or **Personal Valid with Exceptions** status, and must be affirmed by the funeral director.

Open the case for the decedent.

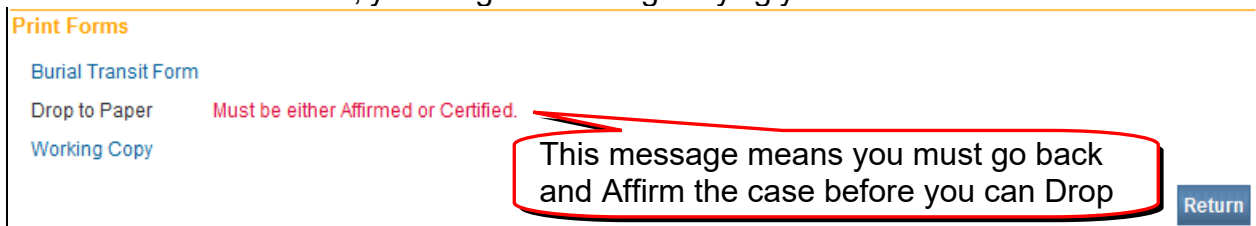
On the left **Menu Bar**, select **Print Forms**:



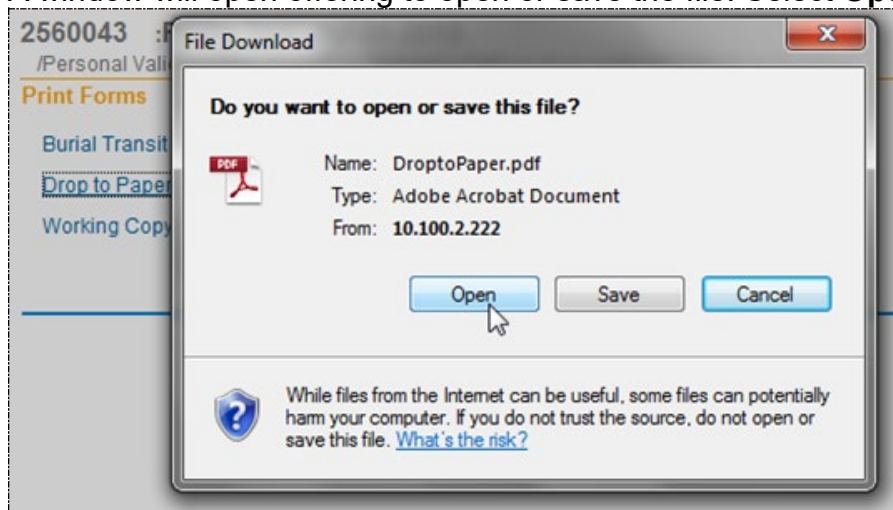
Select Drop to Paper:



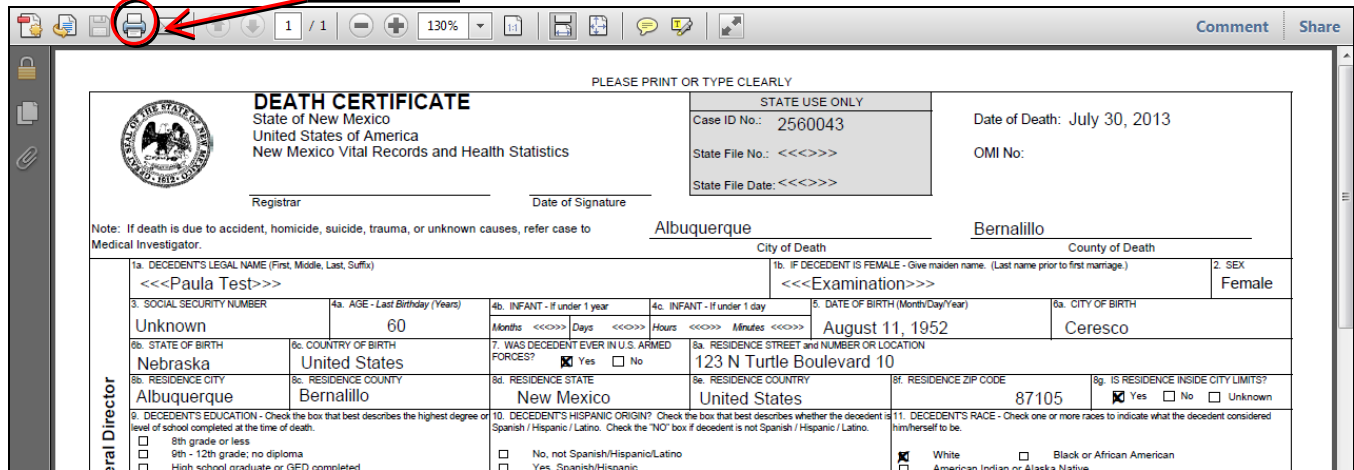
If the case has not been Affirmed, you will get a message saying you need to Affirm.



A window will open offering to open or save the file. Select **Open**.



This will bring up on your screen a view of the **Drop to Paper** death certificate which you can print by selecting the **Print** icon:



PLEASE PRINT OR TYPE CLEARLY

DEATH CERTIFICATE
State of New Mexico
United States of America
New Mexico Vital Records and Health Statistics

STATE USE ONLY
Case ID No.: 2560043
State File No.: <<<<>>>
State File Date: <<<<>>>

Date of Death: July 30, 2013
OMI No:

Registrar _____ Date of Signature _____
City of Death: Albuquerque County of Death: Bernalillo

Note: If death is due to accident, homicide, suicide, trauma, or unknown causes, refer case to Medical Investigator.

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <<<Paula Test>>>
1b. IF DECEDENT IS FEMALE - Give maiden name. (Last name prior to first marriage) <<<Examination>>>
2. SEX Female

3. SOCIAL SECURITY NUMBER Unknown 4a. AGE - Last Birthday (Years) 60
4b. INFANT - If under 1 year Months <<<>>> Days <<<>>> Hours <<<>>> Minutes <<<>>>
4c. INFANT - If under 1 day
5. DATE OF BIRTH (Month/Day/Year) August 11, 1952
6a. CITY OF BIRTH Ceresco

6b. STATE OF BIRTH Nebraska 6c. COUNTRY OF BIRTH United States
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No
8a. RESIDENCE STREET and NUMBER OR LOCATION 123 N Turtle Boulevard 10
8b. RESIDENCE CITY Albuquerque 8c. RESIDENCE COUNTY Bernalillo
8d. RESIDENCE STATE New Mexico 8e. RESIDENCE COUNTRY United States
8f. RESIDENCE ZIP CODE 87105 8g. IS RESIDENCE INSIDE CITY LIMITS? Yes No Unknown

9. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
 8th grade or less
 9th - 12th grade; no diploma
 High school graduate or GED completed

10. DECEDENT'S HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish / Hispanic / Latino. Check the "NO" box if decedent is not Spanish / Hispanic / Latino.
 No, not Spanish/Hispanic/Latino
 Yes, Spanish/Hispanic/Latino

11. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered him/herself to be.
 White Black or African American
 Asian or Indian or Alaska Native

After you have printed the Drop to Paper DC, close Adobe to return to the DAVE® program.

You can then take the form to the medical certifier to get it completed and signed.

Getting the Death Certificate to the State Vital Record's office:

After it is signed, FAX it to the State Vital Record's office at 505 827-0403 or 866-672-4137.

Then mail the original DC to:

New Mexico Vital Records and Health Statistics
PO Box 26110
Santa Fe, NM 87502

Our turnaround time is 2 to 5 Vital Records business days.

When you come in to pick up the copies, you will initial a copy of your receipt for BVRHS records.

Ordering Certified Copies through EVitals

The Bureau of Vital Records and Health Statistics (NMBVRHS) allows a funeral facility proprietor to order New Mexico death certificate certified copies on behalf of immediate family members, as defined the Vital Statistics Act. Facility may only order certified copies of death certificates filed by their own facility and may only apply up to six (6) months of the date of registration (State File Date).

The New Mexico State Registrar offers a line of credit to funeral facility proprietors to purchase certified copies of New Mexico death certificates. If proprietor has agreed to the terms of credit and has been granted a line of credit, the facility may orders certified copies through the EVitals System using the payment type Invoice.

- * If you do not have an active account, you may apply directly through a local office or through the NMBVRHS State office. Facility must complete a Search Application and immediately pay for services by cash, check, or money order.

If you are not in the Decedent's case, start by opening the

Order Certified Copies:

The case must be **affirmed** before you can place an order in EVitals. Once case has been **affirmed**, there will be a link on the left Menu Bar to **Order Certified Copies**.

If you start an order, you must follow through until the end. You will not have access to view or delete order yourself. If you have questions or problems during an order, DO NOT start a new order, contact the EVitals Help Desk.

The left side **Main Menu** will reflect the Order Processing Menu link.

Click on the **Order Certified Copies** link

The screenshot displays the EVitals system interface. On the left is the 'Death Registration Menu' with various options. The 'Order Certified Copies' option is circled in red, and a red arrow points from it to the right-hand form. The form is titled '2560044 :Pau' and includes sections for 'Personal Information', 'Place Of Death', and 'Address'. The 'Place Of Death' section is currently selected and highlighted in orange. The 'Address' section includes fields for 'Street Number' (1105) and 'City or Town' (Santa Fe). The 'Order Certified Copies' link in the menu is circled in red.

The Applicant screen is auto populated with your organization name, address, telephone and email address.

If any information is incorrect or changed, please contact the EVitals Help Desk to update.

Once an order is started, EVitals system will automatically assign an 11-digit Order Number.

The assigned order number and your facility name will also appear on all remaining pages.

Write down the Order

Order Processing Menu

20130800006 ABC Funeral Home
Keyed/Complete

Applicant

Applicant: **Funeral** Person Organization

Organization

Name: ABC Funeral Home **Funeral**

Address

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apartment Number
1105		St. Francis	Drive		
City or Town	State	Country	Zip Code		
Santa Fe	New Mexico	United States	87505		

Contact Information

Attention:

Phone Number: - - Alternate Number: - - Fax Number: - -

Email:

Shipping Information Same as Applicant?

Clear Save Next Return

If you need the certificate(s) sent somewhere other than your funeral home, uncheck the **Shipping Info Box**, Shipping Information Same as Applicant? . This will make a box display for you to enter the appropriate shipping address. You may need to scroll down to enter the information:

Attention:

Phone Number: - - Alternate Number: - - Fax Number: - -

Email:

Shipping Information Same as Applicant?

Shipping Information

Name

Prefix	First	Middle	Last	Suffix

Address

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apartment Number
City or Town	State	Country	Zip Code		
		United States			

Contact Information

Attention:

Phone Number: - - Alternate Number: - - Fax Number: - -

Email:

Clear Save Next Return

Click on **Next** to proceed with the Order.

SERVICES Window:

Source, Received Date and **Fee Effective Date** fields are auto populated; the user does not need to access these fields.

Issuing Office: Select the appropriate Issuing Office where you will pick up your certified copies.

Order Processing Menu 2013080006 :ABC Funeral Home /Keyed/Incomplete

Source: Internet - funeral home only Received Date: Aug-05-2013 Fee Effective Date: Aug-05-2013

Issuing Office: [Dropdown Menu]

Services

- Lowington Public Health Office
- Midtown Public Health Office
- Mora Public Health Office
- NMVRHS State Office**
- Portales Public Health Office
- Raton Public Health Office
- Reserve Public Health Office
- Roswell Public Health Office
- Ruidoso Public Health Office
- Santa Rosa Public Health Office
- Silver City Public Health Office
- Socorro Public Health Office
- T or C Public Health Office
- Taos Public Health Office

Buttons: Save, Previous, Next, Return

Callouts:

- Source and dates will auto
- Select issuing office
- Click on Next to proceed with

Click on **Next** to proceed with the Order

The screen will change so you can see the **Add Service** button. Click on **Add Service**.

Order Processing Menu 2013080006 :ABC Funeral Home /Keyed/Incomplete

Source: Internet - funeral home only Received Date: Aug-05-2013 Fee Effective Date: Aug-05-2013

Issuing Office: NMVRHS State Office

1 Name: Pauline Test

Applicant Relationship to Registrant: Funeral Director

Currently there are no services for this event request. Please click Add Service to add a service.

Buttons: Save, Previous, Next, Return

Callout: Add Service

The screen will expand and allow you to enter all Services needed.

Services

Source: Internet - funeral home only Received Date: Aug-02-2013 Fee Effective Date: Aug-02-2013

Issuing Office: NMVRHS State Office

1 Name: Paula Test

Applicant Relationship to Registrant: Funeral Director

Service: [Dropdown] Quantity: [Text] Priority: [Dropdown] Delivery: [Dropdown]

Request Reason: [Text] Other Specify: [Text]

Buttons: Save, Cancel, Add Service, Save, Previous, Next, Return

Select Services:

From the drop down list, select requested **Service**.

Enter **Quantity** of copies requested.

Select the **Priority**: Always select Priority type **Regular**.

Select Delivery type **Pickup** for your local office-Only pickup is available at your local office.



If you want Delivery type **Mail**, your must select the NMVRHS State Office as the Issuing Office.

Request Reason:

Using the drop down list, select your **Reason** for ordering the service; if you select **Other**, you must tab to the Other Specify field and type in the reason.

Select **Save** to view services ordered.

Services

Source ▾ Internet - funeral home only ▾ Received Date Aug-05-2013  Fee Effective Date Aug-05-2013 

Issuing Office ▾ NMVRHS State Office ▾

1 Name: Pauline Test

Applicant Relationship to Registrant: Funeral Director

▸ Service ▾ Death CC ▾ ▸ Quantity ▸ Priority ▾ REGULAR ▾ ▸ Delivery ▾ PICKUP ▾



Request Reason ▾ Legal ▾ Other Specify

Save **Cancel**

Add Service

Save **Previous** **Next** **Return**

Services

Source ▾ Internet - funeral home only ▾ Received Date Aug-05-2013  Fee Effective Date Aug-05-2013 

Issuing Office ▾ NMVRHS State Office ▾

1 Name: Pauline Test

Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee	
1	Death CC	15	REGULAR	PICKUP	Legal		\$75.00	Edit Reverse

Add Service

Save **Previous** **Next** **Return**

If you want to add more Services, click the **Add Service** button again and enter additional services.

Services

Source ▾ Internet - funeral home only Received Date Aug-05-2013 Fee Effective Date Aug-05-2013
Issuing Office ▾ NMVRHS State Office

1 Name: Pauline Test
Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Death CC	15	REGULAR	PICKUP	Legal		\$75.00 Edit Reverse

▸ Service ▾ Death CC SSA
Request Reason ▾ Social Security
▸ Quantity 1
▸ Priority ▾ REGULAR
▸ Delivery ▾ PICKUP
Other Specify

[Save](#) [Cancel](#) [Add Service](#)

[Save](#) [Previous](#) [Next](#) [Return](#)

If you chose Mail you will need to request the DC form the Santa Fe

Select **Save**.

If you want to change the Service you have requested, click on the **Edit** or **Reverse** links. (see the next page)

Services

Source ▾ Internet - funeral home only Received Date Aug-05-2013 Fee Effective Date Aug-05-2013
Issuing Office ▾ NMVRHS State Office

1 Name: Pauline Test
Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Death CC	15	REGULAR	PICKUP	Legal		\$75.00 Edit Reverse
2	Death CC SSA	1	REGULAR	PICKUP	Social Security		\$0.00 Edit Reverse

[Add Service](#)

[Save](#) [Previous](#) [Next](#) [Return](#)

To edit or reverse, click the

There is no charge for the Social Security

To continue on with this order, click the **Next** button.

Payments Window:

From the drop down menu, select payment type **Invoice**.

Click on add Payments page.

Order Processing Menu 20130800006 :ABC Funeral Home
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: AUG-05-2013 Fee Effective Date: AUG-05-2013

Add Payments

Invoice Add Payment

There are no payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal: \$75.00
Total: = \$75.00
Paid: \$0.00
Balance: = \$75.00
Change Due: \$0.00

Edit Payer Previous Next Return

The Total amount is the amount you will be billed

Click Add Payment

Payments

Received Date: AUG-05-2013 Fee Effective Date: AUG-05-2013

Add Payments

Invoice Add Payment

Currently there are no payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal: \$75.00
Total: = \$75.00
Paid: \$0.00
Balance: = \$75.00
Change Due: \$0.00

Edit Payer Previous Next Return

The screen changes again, showing the amount you will be billed:

Payments

Received Date: AUG-05-2013 Fee Effective Date: AUG-05-2013

Add Payments

Invoice

Payment Date	User	Amount
AUG-05-2013	nmfdir	75.00

Save Cancel

SubTotal: \$75.00
Total: = \$75.00
Paid: \$0.00
Balance: = \$75.00
Change Due: \$0.00

Edit Payer Previous Next Return

Click on the **Save** to accept invoice and complete the payment process.

If you do not enter the payment type **Invoice** and **SAVE**, your order not will pass these validation rules and your order will not go to the Issuance Queue once registered



Payments

Received Date: AUG-05-2013 Fee Effective Date: AUG-05-2013

Add Payments

Add Payment

Invoice

Payment Date	User	Amount
AUG-05-2013	nmfdir	75.00 Delete

SubTotal: \$75.00
 Total: = \$75.00
 Paid: \$75.00
 Balance: = \$0.00
 Change Due: \$0.00

[Edit Payer](#) [Previous](#) [Next](#) [Return](#)

Click **Next** to move on to the Order Summary window.

Order Summary Window:

This window displays a summary of the order you just entered and displays the **Order Number** assigned to your order, located on toolbar. Review the order to ensure the information accurately reflects what your order.

Order Processing Menu 20130800006 :ABC Funeral Home
 /Order Invalid/Incomplete/Unregistered Document

Applicant Services Payments **Summary** Switch User

Order Summary

Source: Internet - funeral home only ProCheck / ProID Status:
 Received Date: AUG-05-2013 Fee Effective Date: AUG-05-2013

Applicant Information **Payment Information**

Name: ABC Funeral Home Type Amount User
 Address: 1105 St. Francis Drive Invoice \$75.00 Funeral Director
 Santa Fe, New Mexico 87505
 Paid: \$75.00
 Due: \$75.00
 Balance: \$0.00

Attention: Phone: Email:

Event Requested

Event Type: Death Amend Mailing Envelope Mailing Label
 Relation: Funeral Director
 Status: /Personal Valid With Exceptions/Medical Invalid/Not Registered/Affirmed/Uncertified/NA/Medical Pending

Comments:

Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
Pauline Test	Yes	0		Death CC	15	REGULAR	PICKUP	\$75.00 Issue
				Death CC SSA	1	REGULAR	PICKUP	\$0.00 Issue

[New Order](#) [Copy to New](#) [Submit Order](#) [Void](#) [Issuance History](#) [Previous](#) [Return](#)

If *Death CC SSA* or *Death CC VA* service was selected, be SURE the BALANCE is \$0.00. If it's not, go back and complete the

On the **Order Summary** page, double check to be sure the information accurately reflects what you want.

If you wish to change any information, use the **Main Menu** bar on the left to navigate to the appropriate page. Be sure to use **Save**, or **Next** as you leave a page or the information you have entered will NOT be saved.

If you wish to add a comment, click on the **Comments** link.

Currently DAVE® doesn't have a way for a Funeral Home to check on orders. Therefore, you need to **print a copy of this page** before you submit it.

You can do this by holding down the Ctrl key and pressing PrtScn, then releasing both buttons. Now go to Word (or your word processing program), open a new page, and Paste. Then print the page.

OR, you can use the **Print** icon in IE.

Before you submit your order, it is important that you keep a copy of the Order Summary window or write down your order number.

Always refer to the assigned Order Number when making any inquires regarding your order for certified copies.

Please refer to the assigned Order Number when making any inquires regarding your order for certified copies

Submit Order:

Click on the Submit Order button. Your order will be sent automatically to the selected Issuing Office for processing.

Once order has been submitted, you will receive a message in the Messages section on your Home Window that the order has been submitted.

The screenshot shows a web application interface for 'Order Processing Menu'. The main content area displays order details for '20130800006 :ABC Funeral Home'. The interface includes a left-hand navigation menu with options like 'Applicant', 'Services', 'Payments', 'Summary', and 'Switch User'. The main content is divided into several sections: 'Order Summary' with source and received date information; 'Applicant Information' with name and address; 'Payment Information' with a table of invoice, paid, due, and balance amounts; 'Event Requested' with event type and relation; 'Matched Events' with a table listing registrants and match status; and 'Services' with a table listing service names, quantities, priorities, and fees. At the bottom, there are buttons for 'New Order', 'Copy to New', 'Submit Order', 'Void', 'Issuance History', 'Previous', and 'Return'.

Type	Amount	User
Invoice	\$75.00	Funeral Director
Paid:	\$75.00	
Due:	\$75.00	
Balance:	\$0.00	

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Pauline Test	Yes	0	

Service Name	Quantity	Priority	Delivery	Fee
Death CC	15	REGULAR	PICKUP	\$75.00 Issue
Death CC SSA	1	REGULAR	PICKUP	\$0.00 Issue

Approved Orders:

Approved orders for certified copies will appear in the "Issuance Queue" of the selected office within 24 hours of the State File Date. Please contact selected office for issuance/pickup times.

If case has been registered and order cannot be located in the queue by local registrar, the order may not have passed validation rules. Local Registrar can track order or facility user my contact the help desk.

The documents will be mailed to you if you requested mail delivery. Otherwise you will be able to pick them up at the office you designated.

Rushes

Call the Help Desk at (800)-280-1618 select 1

Reissues

If you have Certified Copies that need to be reissued because of amendments to the registered case, please follow these steps:

When you receive a message in EVitals that the amendment has been approved, you may take any previously issued copies to your local registrar for reissues (replacements).

Be sure and provide the date the amendment was approved, otherwise the new certified copies may not reflect the change. Otherwise the new certified copies may not reflect the change(s) if printed before the amendment has been approved.

Your Facility must complete a "Reissue Form" and attach form to previously issued certified copies **for your local registrar.**

The Local Registrar will enter an order in EVitals for the new copies (reissues).

The Local Registrar will process order only for the quantity of copies you returned. There is no charge for reissues.

If you require additional chargeable copies, facility may enter a new order up to six months of the State File Date.

Transfer Case

There are **two types** of ownership: **Personal**, which is controlled, and the Funeral Home, and Medical, which is controlled by the **governing medical facility**. Each option's availability is dynamically controlled.

From time to time, it may be necessary for a facility such as a Funeral Home or Certifier to transfer ownership of a case to another, similar facility or Certifier. For example, if a family has a change of mind and choose to use a different funeral home the ownership of the case would then have to be transferred to the appropriate site.

In this case, the Funeral Home transferring would use the **Transfer Case** page to transfer ownership to the firm responsible for disposition.

From the **Death Registration Menu**, select **Other Links -> Transfer Case**.

Notice, that on the **Transfer Case** page there are two options: **Transfer Personal Ownership** and **Transfer Medical Ownership**.

Death Registration Menu 2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Affirmed/Uncertified/NA/Medical Pending

Transfer Case

Transfer Personal Ownership To:
ABC Funeral Home

Transfer Medical Ownership To:

Message

The following case has been transferred to your facility: Case Id: 2560044 - Pauline Test, Date of Death: Jul-29-2013 transferred by ABC Funeral Home.

Clear Save Return

The **Transfer Case** page can be used by both Funeral Home personnel and Medical Facility personnel.

In either case, only one option will be available. In the example below, **Transfer Personal Ownership** is available because we are signed in as a Funeral Director.

Medical Facility staff would not be able to transfer **Personal Ownership**, but would be able to transfer **Medical Ownership**.

To **Transfer Personal Ownership**, place a checkmark in the **Transfer Personal Ownership To** check box.

Death Registration Menu 2560044 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Affirmed/Uncertified/NA/Medical Pending


Transfer Case

Transfer Personal Ownership To:
ABC Funeral Home

Transfer Medical Ownership To:

Message
The following case has been transferred to your facility: Case Id: 2560044 - Pauline Test, Date of Death: Jul-29-2013 transferred by ABC Funeral Home.

Clear Save Return

Next, click on the look up icon , select a facility from the dropdown list of available Funeral Homes

Transfer Case

Transfer Personal Ownership To:
ABC Funeral Home

Lookup office to transfer personal ownership

Facility Name: Dan% Search

Cancel

Use the Wild Card% when looking up Funeral Homes.

Transfer Case

Transfer Personal Ownership To:

Lookup office to transfer personal ownership

Facility Name: Dan% Search

Facility Name	Address	City	
Daniels Family Funeral Services - Alameda Mortuary	9420 Fourth Street	Albuquerque	select
Daniels Family Funeral Services - Carlisle	3113 Carlisle	Albuquerque	select
Daniels Family Funeral Services - Coal	1100 Coal Avenue	Albuquerque	select
Daniels Family Funeral Services - Garcia Mortuary	717 Stover Ave	Albuquerque	select
Daniels Family Funeral Services - Sara Road	4310 Sara Road	Rio Rancho	select
Daniels Family Funeral Services - Southern Boulevard	2400 Southern Blvd	Rio Rancho	select
Daniels Family Funeral Services - Wyoming	7601 Wyoming	Albuquerque	select
Daniels Family Funeral Services Socorro	309 Garfield	Socorro	select



Total records : 8



Cancel

Click on **Select** next to the funeral home the case will be transferred to

If you wish to change the message it will need to be done before you click on Save.

Transfer Case

Transfer Personal Ownership To:
Daniels Family Funeral Services - Co  

Transfer Medical Ownership To:
  

Message

The following case has been transferred to your facility: Case Id:
2560044 - Pauline Test, Date of Death: Jul-29-2013 transferred by ABC
Funeral Home.

When Transfer Case field was selected the message auto populates. If you wish to change the message it will need to be done before you click on Save. When have double checked to whom the case will be transferred to and you are satisfied with your message click on **Save**. Once you have clicked on Save the case will be transferred and you will go back to your home page.

Amendments

If you need to make changes on a case that has already been registered, Dropped to Paper then, you need to wait for the case to be registered to create an **Amendment**. Funeral Homes can only create electronic Amendments on the Personal Information section of the Death Certificate. You do not need to send in any supporting information or Affidavits if you do amendments in EVitals.

Both Funeral Directors and Funeral Home users can create, affirm and submit Amendments on Personal Information.

You can **ONLY** create Amendments on cases that your Funeral Home has ownership. Start by opening the case.

Before you start a new amendment, check to see if there is an amendment already on the case to correct the same information.

On the **Main Menu Bar**, there is a link for Amendments and one for Amendment List.

The Amendment List shows all the amendments that your Funeral Home has submitted on this case. You can check here to see what has been done previously in regards to amendments on this case.

Death Registration Menu 2560044 201300029 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Valid/Registered/Affirm

Decedent
Will your institution be responsible for completing and filing the c

Decedent's Legal Name
Prefix First Middle Other Midd

Gender Social Security Number
Female 123-45-6789 None Unknow

Date of Birth Age
Jan-19-1954 59 Under 1 Year Under
Months Days Hours M

Decedent's Birth Place
City or Town State Count
Albuquerque New Mexico Unite

Amendment List – click here to see amendments your Funeral Home has

No Amendment has been made to this

Amendment List

[New Amendment](#) [Return](#)

Or

An Amendment has been made to this

Amendment List

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
310628	History	Demographic	Jul-23-2013		Pending	

[New Amendment](#) [Return](#)

To start a new Amendment, select **Amendments** on the Main Menu Bar:

Death Registration Menu 2560044 2013000029 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed

Decedent

Will your institution be responsible for completing and filing the d

Decedent's Legal Name

Prefix First Middle Other Middle
Pauline

Decedent's Maiden Name

If female, give last name prior to first marriage (Maiden)
Quiz

Decedent's Social Security Number

23-45-6789 None Unknown

Date of Birth Years Months Days Hours Mi
Jan-19-1954 Age 59

Decedent's Birth Place

City or Town State Country
Albuquerque New Mexico United

Amendments Menu 2560044 2013000029 :Pauline Test Jul-29-2013
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Amendment Page

Type Demographic Amendment Date
Year Amendment Number
Order Number Description
Amendment Status Archival Reference

Documentation Type
Other Document Type
Facts Supported
Reject Reason
Other Reject Reason

Save Clear Return

Type in a Description:

Amendment Page


Type Demographic Amendment Date
Year Amendment Number
Order Number Description Decedent's Education
Amendment Status Archival Reference

Documentation Type
Other Document Type
Facts Supported
Reject Reason
Other Reject Reason

Save Clear Return

Amendment Page

- Parent's Birth Certificate
- Parent's Marriage License
- Passport
- School Record (Specify Type)
- Sibling Birth Certificate
- SS card or SS Entitlement letter
- Tribal Record
- US Census
- Utility Bill
- Notification of Birth Registration
- Other (Specify Type)
- Voter Registration

Because **Documentation Type** has a red arrow  this field must be completed. Use the dropdown menu to select Document Type.

If Other (Specify Type) is selected then Other **Documentation Type** will need to be filled in.

Amendment Page

Type: Demographic | Amendment Date: | Year: | Amendment Number: | Order Number: | Description: Decedent's Education | Amendment Status: | Archival Reference: |

Documentation Type ▾ Other (Specify Type) Documen

Other Document Type: Family Worksheet Type the description

Facts Supported: | Reject Reason: ▾ | Other Reject Reason: | Leave blank. This section is for State use.

Select Save Clear Return

The Page to **Amend** field will now appear. Use the drop down menu for the Page to Amend

Amendment Page

Type: Demographic | Amendment Date: Aug-06-2013 | Year: 2013 | Amendment Number: 310629 | Order Number: | Description: Decedent's Education | Amendment Status: Keyed (Requires Affirmation) | Archival Reference: |

Documentation Type ▾ Other (Specify Type)

Other Document Type: Family Worksheet

Facts Supported: | Reject Reason: ▾ | Other Reject Reason: |

Page to Amend: ▾

Item In Error: Death - Decedent, Death - Family Members, Death - Informant, Death - Disposition, Death - Resident Address, **Death - Decedent Attributes**, Death - Decedent's Multiple Race and Ethnicity

as it Should be Edit Delete

Cancel Amendment Save Clear Return

Once you have selected the page to amend click on **Save**.

The page you have selected to amend will appear below the Amendment page

2000049 2010000025 - Academic Test 08-25-2010 Amendment Exists
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Amendment Page

Type	Demographic	Amendment Date	Aug-06-2013
Year	2013	Amendment Number	310629
Order Number		Description	Decedent's Education
Amendment Status	Keyed (Requires Affirmation)	Archival Reference	

Documentation Type ▾ Other (Specify Type) ▾
Other Document Type: Family Worksheet
Facts Supported:
Reject Reason:
Other Reject Reason:
Page to Amend: Death - Decedent Attributes ▾

Item In Error Item as it Appears Item as it Should be

Decedent Attributes

Decedent's occupation	Decedent's industry
College Economic Professor	Education

Decedent's education: Doctorate or Professional degree ▾

Ancestry

Decedent of Hispanic origin: Yes, Latino ▾ Other Specify:
Other Specify:
Other Specify:

Race

What race did decedent consider himself to be?(More than one race can be indicated)

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown

Cancel Amendment Validate Page Validate Amendment Save Clear Return

Make the changes to the page you have selected to Amend and click on **Save**.

Other Reject Reason

Page to Amend **Death - Decedent Attributes**

Item In Error Item as it Appears Item as it Should be

Decedent Attributes

Decedent's occupation Decedent's industry

Decedent's education

Ancestry

Decedent of Hispanic origin Other Specify:

Race

What race did decedent consider himself to be?(More than one race can be indicated)

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown

Buttons: Cancel Amendment Validate Page Validate Amendment **Save** Clear Return

The changes you have made will show up on the **Amendment** page:

Amendments Menu 2560044 2013000029 :Pauline Test Jul-29-2013 Amendment Exists
_Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Amendment Page

Type Amendment Date

Year Amendment Number

Order Number

Description

Amendment Status Archival Reference

Documentation Type

Other Document Type

Facts Supported

Reject Reason

Other Reject Reason

Page to Amend

Item In Error Item as it Appears Item as it Should be Edit Delete

Decedent Attributes-Education Level	Doctorate or Professional degree	Master's Degree	Edit	Delete
-------------------------------------	----------------------------------	-----------------	------	--------

Buttons: Cancel Amendment Save Clear Return

When you click on Save the Amendment Affirmation link will appear on the left **Main Menu** bar.

If you have finished entering changes, click on the **Affirmation** link.

Amendments Menu

- Amendment
- Amendment Affirmation**
- Correspondence

Click on the check box

Affirmations

Affirm the following:

certify that this change is being requested due to a data entry error. (Note: all other types of errors require original documentation and cannot be submitted electronically.)

Click the **Affirm** button.

Affirmations

Affirm the following:

certify that this change is being requested due to a data entry error. (Note: all other types of errors require original documentation and cannot be submitted electronically.)

A screen will appear telling you the Authentication was successful.

2560044 2013000029 :Pauline Test Jul-29-2013 Amendment Exists
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Affirmations

Authentication successful.

The **Amendment** is now electronically placed in a Queue for the State Office. They will approve (or reject) the **Amendment**. You will receive a message when they act on the **Amendment**.

Validation Process

DAVE® is programmed to reduce or eliminate data entry errors. There is a process called **Validation** to assist you in getting correct data into the system.




When moving within the Personal Information screens, you must use **Validate**, **Next** or **Save** buttons. If you use links on the left **Main Menu** bar, the information you enter may not be saved.

To Validate a Page or Case

At the bottom of every data entry page, there is a **Validate Page** button.

The screenshot shows a web form for 'Place of Death' with the following fields: Type of place of death (Decedent's Residence), Facility Name, Address (Street Number: 123, Directional: N, Street Name: Bobcat, Designator: Lane, Post Directional, Apt #: A10), City/Town (Albuquerque), County (Bernalillo), State (New Mexico), Country (United States), and Zip Code. At the bottom right, there are buttons for 'Validate Page', 'Clear', 'Save', and 'Return'. A red callout box points to the 'Validate Page' button with the text 'Validate Page'.





When you select a **Validate Page** button, the system will go back and review all of the data you have entered so far on this case. **Green**, **Yellow** and **Red** arrows will appear on the far left side of the **Main Menu** bar. They indicate if the pages that have validation errors:

-  passed validation.
- Yellow (Soft Errors)**  may need to be fixed or overridden
- Red (Hard Edit Error)**  needs fixing, did not pass validation

When the system finds errors, a list is produced that shows up at the bottom of the screen as **Error Messages**.

The screenshot shows the same form as above, but with validation results. The 'Place of Death' form has a yellow background. The 'Main Menu' bar on the left has yellow arrows next to 'Pronouncement' and 'Place of Death'. At the bottom, a 'Validation Results' table is displayed with the following error message: 'DR_5029: Place of Death ZIP code cannot be left blank. Enter a valid ZIP code for the Place of Death.' The table has columns for 'Error Message', 'Override', 'Goto Field', and 'Popup'. The 'fix' buttons in the 'Popup' column are highlighted by a red callout box with the text 'These are the Fix buttons'. Another red callout box points to the 'fix' buttons with the text 'Here are the Error'.

To the right of the **Error Messages** are two **Fix** buttons . Either one can be selected.

Validation Results			
Error Message	Override	Goto Field	Popup
DR_0845: Surviving spouse's first name cannot be left blank. Enter the surviving spouse's first name. If unknown, enter "Unknown".			
DR_0853: Surviving spouse's last name cannot be left blank. Enter the surviving spouse's last name. If unknown, enter "Unknown".			

The first one takes you to the field containing the error.

Validation Popup





DR_0845: Surviving spouse's first name cannot be left blank.
Enter the surviving spouse's first name. If unknown, enter "Unknown".

Family Members

Marital Status Married

Surviving Spouse's Name

First

Error Message	Override	Goto Field	Popup
DR_0845: Surviving spouse's first name cannot be left blank. Enter the surviving spouse's first name. If unknown, enter "Unknown".			
DR_0853: Surviving spouse's last name cannot be left blank.			

The second one creates a pop up window containing the error.

Validation Popup





DR_0845: Surviving spouse's first name cannot be left blank.
Enter the surviving spouse's first name. If unknown, enter "Unknown".

Family Members

Marital Status Married

Surviving Spouse's Name

First

Validation Results			
Error Message	Override	Goto Field	Popup
DR_0845: Surviving spouse's first name cannot be left blank. Enter the surviving spouse's first name. If unknown, enter "Unknown".			
DR_0853: Surviving spouse's last name cannot be left blank.			

Some Errors are “Hard” – meaning that you must make a change before you will be able to Validate the case. The field containing a Hard edit has a red or pink background. “Hard” edits must be corrected in order for the information to pass Validation.

Validation Popup

Validation Popup

DR_0845: Surviving spouse's first name cannot be left blank.
Enter the surviving spouse's first name. If unknown, enter "Unknown".

Family Members

Marital Status **Married**

Surviving Spouse's Name

First

Save Cancel

Save Return

Overrides Hide

Validation Results

Error Message	Override	Goto Field	Popup
DR_0845: Surviving spouse's first name cannot be left blank. Enter the surviving spouse's first name. If unknown, enter "Unknown".	<input type="checkbox"/>	fix	fix
DR_0853: Surviving spouse's last name cannot be left blank.	<input type="checkbox"/>	fix	fix

Because this is a “Hard” Error there is no check box for Overriding the

“Soft” errors provide you with the choice of making the changes or clicking the **Override** button in the **Validation Results** area. Soft Edits turn a field yellow. If you choose to **Override** the error, click the box in the **Override** column, and then click **Save Overrides**. Then **Validate Page**

Validation Popup

Validation Popup

DR_0093: Record cannot be submitted for registration without SSN verification attempt.
Please verify SSN.

Decedent

Social Security Number

123-45-6789 None Unknown

Save Cancel

return

Validation Results

All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
DR_0093: Record cannot be submitted for registration without SSN verification attempt. Please verify SSN.	<input type="checkbox"/>	fix	fix
DR_0094: This social security number already exists in the database. Please verify this case is not a duplicate and the social security number is correct. Potential Duplicates	<input type="checkbox"/>	fix	fix

Because this is a “Soft” Error there is a check box for Overriding the

This is the Save Overrides

This is an Override check

Use the **Fix** and **Override** buttons to make the necessary change(s). Then press the **Validate** button again.

Validation Problems

To avoiding Validation Problems

- Validate each page as you go.
- At the end, double check each red or yellow arrow.

Items that you Override will stay yellow, and the yellow arrow will still show on the links on the left. That is OK. As long as you can see the check mark when you look at the Error list, you are OK.

Social Security Verification

DAVE® incorporates a system to verify a decedent's **Social Security Number**. A way to verify a match between the SSN and the **Decedent Information** is done when you click on the **Verify SSN** link on the **Decedent** page.

2560057 :Ben Test Aug-04-2013
/Personal Invalid/Medical Invalid/Not Registered/Not Affirmed/Uncertified/NA/Personal Pending/Medical Pending/Death Potential Duplicate

Decedent

Will your institution be responsible for completing and filing the death registration for the decedent?

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 Ben Test

Decedent's Maiden Name

If female, give last name prior to first marriage (Maiden)

Gender Social Security Number
 None Unknown

Date of Birth Age 40 Under 1 Year Under 1 Day
Jul-11-1973 Years Months Days Hours Minutes

[Verify SSN](#) SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
Albuquerque New Mexico United States

Ever in US Armed Forces?

Verify, Verify, Verify the

Before you click on Verify SSN link make sure you have entered the Date of Birth, gender, and the SSN.

When you click on **Verify SSN**, the system will carry on a verification process in the background with SSA. Your screen will look like this until the verification process is completed:

Gender Social Security Number
 None Unknown

Date of Birth Age 40 Under 1 Year Under 1 Day
Jul-11-1973 Years Months Days Hours Minutes

[Verify SSN](#) SSN Verification Status PENDING (0)

Pending

You can go to another screen and come back to this one – that should refresh the screen. If it doesn't, contact the Help Desk.

If the verification fails, you need to make the change BEFORE you verify SSN again. Once you have **Affirmed**, you will not be able to correct the SSN or verify it.

If you get a fail message, start by double checking the number against the info you have, and entering the correct number.

If you still don't get **Verification**, go ahead and process the case – it will still pass the Validation and you will be able to affirm.

When you click the **Verify** button, it may take a few minutes before the case is **Verified**. You can proceed with data entry on the same case while you are waiting. Just return eventually to check to be sure the SSN was **Verified**.

Example of a case where SSN verification **Passed**:

Gender	Social Security Number								
Female	4-12-345678901	<input type="radio"/> None <input type="radio"/> Unknown							
Date of Birth	Age	Years	Months	Days	Hours	Minutes	SSN Verification Status		
Nov-29-1960	45						Verify SSN	PASSED (1)	

Example of case where SSN verification failed due to wrong gender.

Gender	Social Security Number								
Male	4-12-345678901	<input type="radio"/> None <input type="radio"/> Unknown							
Date of Birth	Age	Years	Months	Days	Hours	Minutes	SSN Verification Status		
Nov-15-1960	45						Verify SSN	FAILGENDER (1)	

Example of case where SSN verification failed due to SSN

Gender	Social Security Number								
Male	4-12-345678901	<input type="radio"/> None <input type="radio"/> Unknown							
Date of Birth	Age	Years	Months	Days	Hours	Minutes	SSN Verification Status		
Dec-23-1982	23						Verify SSN	FAILSSN (1)	

Example of case where SSN verification failed due to Date of Birth

Gender	Social Security Number								
Female	4-12-345678901	<input type="radio"/> None <input type="radio"/> Unknown							
Date of Birth	Age	Years	Months	Days	Hours	Minutes	SSN Verification Status		
Feb-17-1964	42						Verify SSN	FAILDOB (1)	

Example of where SSN verification failed due to name.

Gender	Social Security Number								
Female	4-12-345678901	<input type="radio"/> None <input type="radio"/> Unknown							
Date of Birth	Age	Years	Months	Days	Hours	Minutes	SSN Verification Status		
Jun-29-1964	41						Verify SSN	FAILNAME (1)	

Automatic Registration

The DAVE® system automatically registers a case as soon as the **Medical** and **Personal** sections are **Valid**, and both done electronically.

Death Registration Menu

Personal Information

Decedent

Resident Address

Family Members

Informant

Disposition

Decedent Attributes

Medical Certification

Pronouncement

Place of Death

Registrar

Amendment List

Other Links

Amendments

Comments

Correspondence

Order Certified Copies

Print Forms

Validate Registration

Switch User

2560044 2013000029 Pauline Test Jul-29-2013 Amendment Exists
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Decedent

Will your institution be responsible for completing and filing the death registration for the decedent?

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix

Decedent's Maiden Name

If female, give last name prior to first marriage (Maiden)

Quiz

Gender Social Security Number

Female 123-45-6789 None Unknown

Date of Birth Years Under 1 Year Under 1 Day

Jan-19-1954 Age 59 Months Days Hours Minutes SSN Verification Status

Verify SSN UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country

Albuquerque New Mexico United States

Ever in US Armed Forces?

If you are working on a case that has already been **Medically Certified**, you will see a **SFN (State File Number)** appear after you complete your affirmation.

You can tell this has happened because the **SFN** will show up in the status bar:

2560057 2013000030 Ben Test Aug-04-2013
/Personal Valid With Exceptions/Medical Valid/Registered/Affirmed/Certified/NA

Affirmations

Authentication successful.

Home Page

When you log in to EVitals, you will see your **Home Page**. You can see your Current Activities (Queues) and Messages.

ABC Funeral Home

Welcome back: nmfdir Logout

Main Order Processing Life Events Queues Forms Help

New Mexico Department of Health

Fast Links

List of your Queues

Your messages

Messages

Current Activities

Death Search

Registration Work Queue Summary

Death Start New Case

Order Search

Queues

You will see the Personal Pending Queue. This is a list of cases started by your funeral home which have not been completed.

If you are a Funeral Home Director, you will also see the Affirmation Required Queue, which is a list of cases that are ready for you to Affirm.

The number to the right of the Queue Name is the number of cases that are waiting in the Queue.

To see the items in the Queue, click on the **Affirmation Required** or **Personal Pending** link.

Current Activities

Queue Name	Type ↓	Count	Age of Oldest in Days
Affirmation Required	Death	4	262
Personal Pending	Death	7	338
			Total Queues : 2

Messages

Messages are sent to you when action is taken on one of your cases. Actions include:

Medical Certification

Registration (the system calls this “Approved”)

Messages

Send Message

Remove from List

From	Message Text	Date Sent	<input type="checkbox"/>
Funeral Director	Case 2560057 - Approved Ben Test	8/8/2013 10:34:17 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2560057 - Ben Test, Date of Death:Aug-04-2013 has been certified. Test, Ben	8/8/2013 10:32:00 AM	<input type="checkbox"/>
Funeral Director	An Amendment has been submitted for approval for: Case Id: 2560044 ; Pauline Test, Date of Death: Jul-29-2013.	8/6/2013 12:25:28 PM	<input type="checkbox"/>
Abc Doc	Case 2560044 - Approved Pauline Test	8/6/2013 9:17:40 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2560044 - Pauline Test, Date of Death:Jul-29-2013 has been certified. Test, Pauline	8/6/2013 9:17:40 AM	<input type="checkbox"/>
Abc Doc	Case 2559949 - Approved Donald Marchtion	8/6/2013 8:43:22 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2559949 - Donald Marchtion, Date of Death:Aug-28-2012 has been certified. Marchtion, Donald	8/6/2013 8:43:22 AM	<input type="checkbox"/>
Abc Doc	Case 2559947 - Approved Sandra Marchinski	8/6/2013 8:42:34 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2559947 - Sandra Marchinski, Date of Death:Nov-27-2012 has been certified. Marchinski,	8/6/2013 8:42:34 AM	<input type="checkbox"/>
Abc Doc	Case 2559948 - Approved Charles Randy Marchby	8/2/2013 2:15:07 PM	<input type="checkbox"/>
Abc Doc	Case Id: 2559948 - Charles Randy Marchby, Date of Death:Jan-01-2013 has been certified. Marchby, Charles	8/2/2013 2:15:07 PM	<input type="checkbox"/>
Abc Doc	Case Id: 2559940 - Electronic Signing, Date of Death:Jan-01-2013 has been certified. Signing, Electronic	8/2/2013 11:21:14 AM	<input type="checkbox"/>
Abc Doc	Case 2560048 - Approved Jason Abq	8/2/2013 11:07:09 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2560048 - Jason Abq, Date of Death:Jul-20-2013 has been certified. Abq, Jason	8/2/2013 11:07:09 AM	<input type="checkbox"/>
Abc Doc	Case 2560049 - Approved Mary Abq	8/2/2013 11:03:55 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2560049 - Mary Abq, Date of Death:Jul-27-2013 has been certified. Abq, Mary	8/2/2013 11:03:55 AM	<input type="checkbox"/>
Abc Doc	Case 2560047 - Approved Susan Abq	8/2/2013 10:58:52 AM	<input type="checkbox"/>
Abc Doc	Case Id: 2559941 - Death Certificate, Date of Death:Jan-02-2013 has been certified. Certificate, Death	8/2/2013 10:54:57 AM	<input type="checkbox"/>
Abc Doc	Case 2560045 - Approved Janet Abq	8/1/2013 3:46:21 PM	<input type="checkbox"/>
Abc Doc	Case Id: 2560045 - Janet Abq, Date of Death:Jul-30-2013 has been certified. Abq, Janet	8/1/2013 3:46:21 PM	<input type="checkbox"/>

First 1 2 3 4 5 Last

Total records : 100

Miscellaneous

Letter from SSA about 721 Forms

Sample Certified Copy

Reissue Form

OMI Procedures

OMI Form

Social Security Letter



SOCIAL SECURITY

August 22, 2006

Dear Funeral Director:

We are writing to you to announce our new procedures for The Statement of Death by the Funeral Director (SSA-721).

Beginning August 21, 2006, if you use New Mexico's Electronic Death Registration System (EDRS) to register deaths, then you will no longer need to send to SSA a separate SSA-721 to report an individual's death.

We still need your help to get information to the potential survivors who may be entitled to benefits. You can help us by distributing the last two pages of the SSA-721 to families as you register the decedent's information. These pages provide valuable information about potential benefits that may be payable and how to apply for these benefits.

If you do NOT use New Mexico's EDRS, then we ask that you to continue to send us the SSA-721. Once you begin using the automated process, you may stop sending the SSA-721.

Thank you for your assistance in this process

Sincerely,


Brian Cronin

Brian Cronin

Director Office of Payment Policy

Sample Certified Copy

PLEASE PRINT OR TYPE CLEARLY

	DEATH CERTIFICATE State of New Mexico United States of America New Mexico Vital Records and Health Statistics		STATE USE ONLY Case ID No.: 2560057 State File No.: 2013-000030 State File Date: August 08, 2013	Date of Death: August 04, 2013 OMI No.:
	Registrar	Date of Signature	Albuquerque	Bernalillo

Note: If death is due to accident, homicide, suicide, trauma, or unknown causes, refer case to Medical Investigator.

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <<<Ben Test>>>	1b. IF DECEDENT IS FEMALE - Give maiden name. (Last name prior to first marriage.) <<<>>>
3. SOCIAL SECURITY NUMBER 555-55-5555	4a. AGE - Last Birthday (Years) 40
5b. STATE OF BIRTH New Mexico	5c. COUNTRY OF BIRTH United States
6a. CITY OF BIRTH Albuquerque	7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. RESIDENCE CITY Albuquerque	8b. RESIDENCE COUNTY Bernalillo
8c. RESIDENCE STATE New Mexico	8d. RESIDENCE COUNTRY United States
8e. RESIDENCE ZIP CODE 87102	8f. IS RESIDENCE INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
9. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.	10. DECEDENT'S HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish / Hispanic / Latino. Check the "NO" box if decedent is not Spanish / Hispanic / Latino.
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.M., J.D.) <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Spanish/Hispanic <input type="checkbox"/> Yes, Mexican/Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Latino <input type="checkbox"/> Yes, Other Hispanic Origin <input type="checkbox"/> If other (Specify): <<<>>> <input type="checkbox"/> Unknown
11. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered him/herself to be.	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify name of the Tribe(s): <<<>>> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian (Specify): <<<>>> <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander (Specify): <<<>>> <input type="checkbox"/> Other (Specify): <<<>>>
12a. DECEDENT'S USUAL OCCUPATION - Indicate type of work done during most of working life. Do not use retired as an occupation. Programmer	12b. KIND OF BUSINESS OR INDUSTRY Technology
13. MARITAL STATUS - At time of death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	14. SURVIVING SPOUSE - If wife, give maiden name (name prior to first marriage). <<<>>>
15. FATHER'S FULL NAME <<<Tom Test>>>	16. MOTHER'S FULL MAIDEN NAME - Give name prior to first marriage. <<<Amy Testing>>>
17a. INFORMANT - NAME (First and Last) <<<Rob Quiz>>>	17b. INFORMANT'S RELATIONSHIP TO DECEDENT Nephew
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Unknown <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): <<<>>>	19. PLACE OF DISPOSITION - Name of Cemetery / Crematory or Other Place Daniels Family Crematory
20. DISPOSITION LOCATION (City, State and Country) Rio Rancho, New Mexico, USA	21a. FUNERAL SERVICE FACILITY NAME ABC Funeral Home
21b. FUNERAL SERVICE FACILITY ADDRESS 1105 St. Francis Drive, Santa Fe, New Mexico 87505	22. NAME OF FUNERAL DIRECTOR or PERSON ACTING AS AUTHORITY <<<Funeral Director>>>
23. FUNERAL DIRECTOR LICENSE NUMBER 999	24. DATE SUBMITTED (Month/Day/Year) August 08, 2013

MEDICAL CERTIFICATION - Items 25 through 40 must be completed by the person who certifies the Cause of Death

25. DATE PRONOUNCED DEAD (Month/Day/Year) August 04, 2013	26. TIME PRONOUNCED DEAD 10:07 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	27. TIME OF DEATH 10:07 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	28a. CITY OF OCCURRENCE Albuquerque
28b. COUNTY OF OCCURRENCE Bernalillo	28c. ZIP CODE OF OCCURRENCE 87105	28d. PLACE OF DEATH OCCURRENCE - Give Name of Hospital or Other Facility (If neither, give Street Address or Location) 123 N Bobcat Lane A10	
29. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival	29c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Other (Specify):	30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined	
31. DATE OF INJURY (Month/Day/Year) <<<>>>	32. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	32a. LOCATION OF INJURY - (Address, City, State, Zip Code) <<<>>>	32b. LOCATION OF INJURY - (Address, City, State, Zip Code) <<<>>>
32. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	32c. DESCRIBE HOW INJURY OCCURRED <<<>>>	32d. IF TRANSPORTATION INJURY - Specify <input type="checkbox"/> Driver Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	31. WAS THE MEDICAL INVESTIGATOR CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
33. CAUSE OF DEATH (Type or print clearly) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. H1N1 Due to (or as a consequence of): 2days b. High fever Due to (or as a consequence of): 2days c. _____ Due to (or as a consequence of): _____ d. _____ Due to (or as a consequence of): _____			
PART II. Enter other significant conditions contributory to death but not resulting in the underlying cause given in PART I. <<<>>>			
34. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. LOCATION WHERE AUTOPSY PERFORMED (City, State) <<<>>>	
37a. WAS AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	37b. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	37c. DATE OF PROCEDURE (Month/Day/Year) <<<>>>	
38a. IF DECEDENT WAS FEMALE, WAS DECEDENT PREGNANT WITHIN THE LAST YEAR? <input type="checkbox"/> Not pregnant within 1 year of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	38b. IF PREGNANT AT TIME OR NEAR THE TIME OF DEATH, ESTIMATED LENGTH OF PREGNANCY IN WEEKS <<<>>>	39. CERTIFIED BY: <input checked="" type="checkbox"/> Certified Physician <input type="checkbox"/> Doctor of Osteopathy <input type="checkbox"/> Office of the Medical Investigator <input type="checkbox"/> Tribal Authority <input type="checkbox"/> Military Authority <input type="checkbox"/> Other (Specify):	
40a. NAME OF CERTIFIER (Please type or print clearly): <<<Abc Doc MD>>>		40b. ADDRESS OF CERTIFIER (Please type or print clearly): 1105 St. Francis Drive, Santa Fe, New Mexico 87505	
CERTIFIER STATEMENT: On the basis of examination and/or investigation, in my opinion, this death occurred at the time, date and place, and due to the cause(s) and manner stated.			
40c. SIGNATURE OF CERTIFIER Signature Electronically Authenticated <<<Abc Doc MD>>>	40d. DATE SIGNED (Month/Day/Year) August 08, 2013	<<<>>>	

REISSUES ORDER FORM

ORDER PROCESSING

To Local Registrar:

Please accept the attached certified death certificates for Reissue at your Health Office Location. These certificates must be reissued as a result of an amendment made to the information that appears on these certified copies.

I certify that I have received confirmation that the amendment processed and **approved** by the Vital Records State Office on the date of: ____/____/____.

Approval confirmed by E-Vitals system message

Approval confirmed verbally by _____ at Vital Records State Office.

Approval confirmed by e-mail from _____ at from Vital Records State Office.

Name of Funeral Home Facility: _____

Name of Facility Applicant: _____

Telephone Number: _____

Current Date: _____

Name of Decedent: _____

Order Number (listed on certified copies): _____

Quantity of certificates enclosed for Reissue: _____

This section for Local Registrar Use Only

Safety Paper Void due to Reissue

Date Reissued	Quantity of DC's Reissued	Voided Safety Paper Starting Number	Voided Safety Paper Starting Ending Number

Funeral Home procedures for starting an OMI case

- Before entering a case, the FH should call OMI to see if OMI has picked up the case or is picking up the case.
- If OMI has not started a case, FH is to start the case and fax immediately to OMI the OMI case identification form noting the CASE ID number, decedent's first name, and last name, date of death, gender and name of funeral home.
- After form has been faxed, FH is to call OMI again to confirm that OMI has received the fax.
- If a certifier has noted a cause of death that appears that it may become an OMI case, if Vital Records has questioned the cause of death, or if a death has occurred at UNM and an OMI doctor did not sign the death certificate then FH should contact OMI. If OMI picks up the case, then FH will need to follow the steps noted above.
- If OMI has already submitted a case, and the FH has not started the case, then FH is to ask OMI for the CASE ID number, exact spelling of the decedent's first name, last name, date of death and gender.
- FH will then do a start/edit new case to pick up OMI's CASE ID number.

OMI CASE IDENTIFICATION FORM

Funeral Home Name	Dave Case ID	Decedents Full Name	Date of Death	Gender