# Electronic Death Registration System

# Funeral Homes

# EDRS Web Access

EDRS Website:

alabamapublichealth.gov/edrs
Click on **Login to AL-EDRS**.


ADPH Website:

alabamapublichealth.gov
Click on "ADPH Login Portal."
Click on "Security Portal."

# Logging In

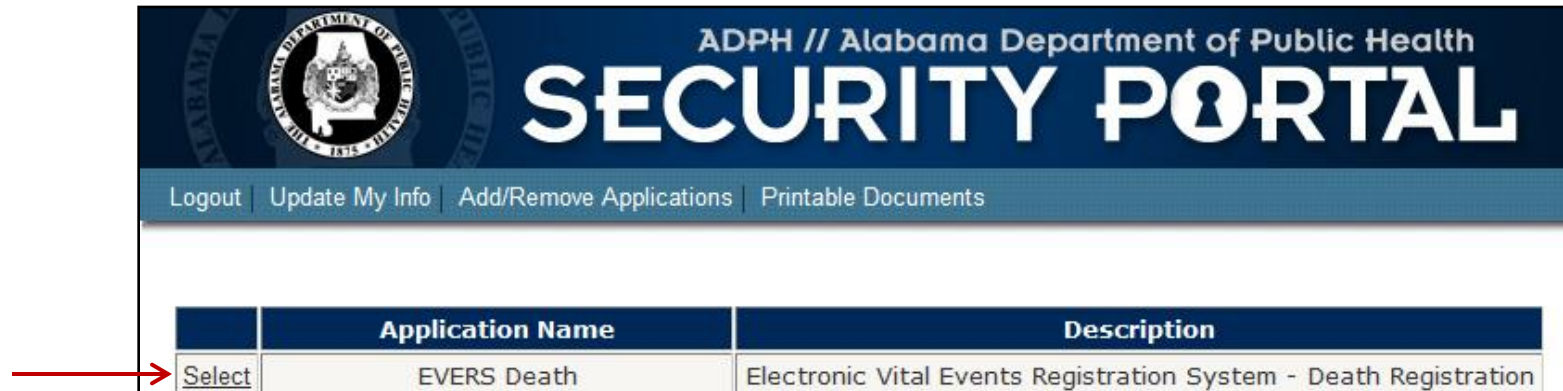Enter your username and password, then click "Login"

Select EVERS Death to go to your EDRS home page.

# EDRS Home Page

## Leak-Memory Chapel Funeral Home - (Montgomery, AL)

### Pending Records

| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Funer.Direct. Signed | Certifier Signed | Verification Printed | Legal Errors | Medical Errors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Select | NXG10005 | Bama, Al A | Bama, Al A | 06/01/2018 | 12/15/1935 | M | Tuscaloosa | | | | | |

### Pending Signature

| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Funer.Direct. Signed | Certifier Signed | Verification Printed | Legal Errors | Medical Errors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Select | NXH10003 | Champion, Essie C | Champion, Essie C | 07/15/2018 | 06/19/1943 | F | Montgomery | X | | X | | |

1. <u>Pending Records</u> - records that are in various stages of completion.
2. <u>Pending Signature</u> - records that are pending the signature of either the funeral home director or medical certifier.
3. An "X in a column indicates an action that has occurred on the record.
4. Legal Errors are corrected by the funeral home.
5. Medical Errors are corrected by the medical certifier.
6. A record cannot be filed until errors are corrected.

# EDRS Home Page

**Status of Recent Signed and Submitted Death Record Certificates**

| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Certificate Status |
|---|---|---|---|---|---|---|---|---|
| Select | NXJ10009 | Bama, Al A | Bama, Al A | 10/01/2018 | 01/15/1965 | M | Mobile | PROCESSING |
| Select | NXJ10007 | Champion, Essie C | Champion, Essie C | 10/03/2018 | 03/15/1955 | F | Mobile | FILED |
| Select | NXJ10006 | Jingle, John Jacob | Jingle, John Jacob | 10/01/2018 | 06/22/1942 | M | Mobile | FILED PENDING COD |
| Select | NXJ10008 | Test, John A | Test, John A | 10/04/2018 | 12/15/1925 | M | Mobile | UNDER CHS REVIEW |

The **Status of Recent Signed and Submitted Death Record Certificates** grid provides a detailed description of the certificate status.
1. Processing – The death certificate is waiting to be filed.
2. Filed – The certificate is on file and ready for issuance.
3. Filed Pending COD – The certificate is on file and ready for issuance, but the cause of death is pending.
4. Under CHS Review – The certificate is under review for an edit that must be cleared by the Center for Health Statistics.

NOTE:  A filed certificate will remain on the home page for 7 days after filing.

# EDRS Home Page

## Supplemental Cause of Death Records

| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Certifier Signed | Medical Errors | Supplemental Status |
|---|---|---|---|---|---|---|---|---|---|---|
| Select | NXJ10006 | Jingle, John Jacob | Jingle, John Jacob | 10/01/2018 | 06/22/1942 | M | Mobile | X | | FILED |
| Select | NXJ10007 | Champion, Essie C | Champion, Essie C | 10/03/2018 | 03/15/1955 | F | Mobile | | | PENDING SIGNATURE |
| Select | NXJ10009 | Bama, Al A | Bama, Al A | 10/01/2018 | 01/15/1965 | M | Mobile | | | PENDING SIGNATURE |
| Select | NXJ10010 | Bacon, Chris P | Bacon, Chris P | 10/19/2018 | 11/25/1936 | M | Talladega | X | | PROCESSING |

The **Supplemental Cause of Death Records** grid will appear when a Supplemental Medical Certification has been created for a death certificate which was filed by your facility.

1. Pending Signature – The Supplemental has been created and saved, but not signed.
2. Processing – The Supplemental has been signed and waiting to be filed.
3. Filed – The Supplemental is on file with the death certificate and ready for issuance.  The Supplemental will remain on the home page for 7 days after filing.

Funeral Home staff can view the Supplemental by selecting the record from the home page, and choosing the Supplemental Causes tab.

Deceased | Personal Info | Personal Info 2 | Place of Death/Disposition | Notes | Cause of Death | Alias | Supplemental Causes

# Criteria for Filing an Electronic Supplemental Medical Certification

An Electronic Supplemental Medical Certification may be filed if:
- The original death certificate was filed electronically.
- The date of death is on or after January 1, 2016 .
- The record has been on file less than 2 years.
- The certifier who signed the original death certificate electronically is available to sign the electronic Supplemental Medical Certification.
- The demographic information has not been amended by the funeral home.

If all of these criteria are not met, a paper Supplemental Medical Certification must be filed to add or amend the cause of death.

An Electronic Supplemental Medical Certification may be created by:
- Staff at the hospital, nursing home, or inpatient hospice where the decedent died.
- Staff at the hospice who provided care to the decedent.
- Staff at the medical certifier's office.
- The medical certifier who signed the original death certificate electronically.

# Entering an Address in EDRS

This address format is used for all addresses in EDRS: Place of Death, Deceased Residence, and Informant Residence.   For more examples of addresses, look under **Help/FAQs** from the home page and print "Entering Addresses in EDRS."



1. Enter the zip code, and click on "Zip Info."
2. The state, county, and cities will populate.
3. If the city does not appear in the drop down box for that zip code, select "Other" and enter the City in the "If Other, specify**"** box.
4. Enter the street address .
5. Answer the City Limits question.
6. If you need to start over, click the **Reset** button, and the boxes will clear.

# Create New Record



If you are not sure whether a certifier or facility is an EDRS user, check the Active Users/Facilities List before creating a record.  Click on **Active Users/Facilities** from your home page.



To begin creating a new death record, click on **Create** and then **New Record** .
Anyone  authorized to use EDRS on behalf of a facility can create a new death record.



**CREATE NEW DEATH RECORD**

Enter the year of death and click "Next."

Enter Year of Death :  2018    Next

# Create New Record (Cont'd)



1. Enter the decedent's name or check "Unnamed," or "Unknown."
2. Select a suffix from the drop down box, if applicable.  "MD" is not a suffix.
3. Click on a button for the decedent's sex.
4. Last Name Prior to First Marriage is optional on this screen.
5. Enter the decedent's Date of Birth. Do not enter "/."
6. Enter the Social Security Number.  Do not enter "-."
7. Enter the Date of Death. Do not enter "/."
8. If the decedent was found on that date, check "Found."  **Do not** check "Found" if the decedent died in a medical facility.
9. When the Date of Death is entered, the age will calculate.
10. If the Date of Birth is unknown, enter the estimated age, and check "Approximate."

# Create New Record (Cont'd)



1. Select the Place of Death from the drop down list.
2. <u>Medical Facility</u> – Select Hospital , Nursing Home, SCALF, ALF, or Inpatient Hospice, then select the facility name from the drop down list
3. <u>Other Facility</u> – The decedent died at a medical facility that does not appear in the drop down list.  You will be allowed to enter the name of the facility.
4. <u>Deceased's Residence</u> – The decedent died at home.
5. <u>Other Residence</u> – The decedent died at a residence other than their own.
6. <u>Rural</u> – Enter farm, pasture, or another descriptive word.  The descriptive word will not appear on the death certificate.  The address entered for the rural location will appear as the place of death.
7. <u>Other</u> – If the place of death does not fit in any of the categories shown, select "Other," and enter a descriptive word such as "Roadway," in the event of a motor vehicle accident. The descriptive word will not appear on the death certificate.  The address entered for the location will appear as the place of death.
8. <u>Unknown</u> – This will rarely be used, but is available in the event the place of death is unknown at the time the record is created.  An example would be a motor vehicle accident where the coroner knows the exact location of the accident, but the funeral home staff may not have that information.

# Create New Record (Cont'd)



1. The Hospital Status question will only appear for hospitals.
2. The Hospice question must be answered for all decedents.
3. If the decedent was under hospice care, select the hospice from the drop down list.
4. The Funeral Home Case Number is optional.
5. The disposition question is answered automatically when a funeral home creates the record.
6. The funeral home name will populate based on the user's log in information.
7. To create the new death record, click on **Create Record**.
8. Click **Cancel** if you do not wish to proceed with creating the record.

# Assign Record to Medical Certifier



1. Once the record is created, you will be taken to the home screen of the new record.
2. The new record now appears on the home pages of the medical facility and hospice that were selected when the record was created.
3. The new death record must now be assigned through EDRS to the medical certifier.
4. Click on **Record Actions** to go to the assignment screen.

# Assign Record to Medical Certifier (Cont'd)

**New Test Record**

Assign/Notify | Abandon Record

**Select next Reviewing/Editing Authority:**

Funeral Homes | Hospitals | Nursing Homes | Physician Offices/Clinics | Hospices | Coroners/MEs | User List | Certifiers

1. Click on the colored tab to select the certifier type.

2. Search for certifier by last name. The system will retrieve a list.

**User List**     Name ▾ | Holmes, Melissa ✕

| | Facility | Name | Address | City |
|---|---|---|---|---|
| Select | Adams Nursing Home | Holmes, Melissa | 1555 Hillabee Street | Alexander City, Alabama |
| Select | Coosa Valley Medical Center | Holmes, Melissa | 315 West Hickory Street | Sylacauga, Alabama |
| Select | Elba Nursing and Rehabilitation Center | Holmes, Melissa | 987 Drayton Street | Elba, Alabama |
| Select | TRNG Physician | Holmes, Melissa | 201 Monroe St | Montgomery, Alabama |

3. Make a selection from the list. .

Select Addressee from grid above.

TO: Adams Nursing Home (Holmes, Melissa )   | Remove Selected Addressee

4. The name will appear in the addressee box.

5. Select an Action Message.

Action Message: Add Cause of Death ▾

Additional Comments (WARNING: Do NOT include Personal Information in the comments.)

STOP.  Remember there are new Ownership rules.  If you are assigning this record to a certifier you can do ONLY One of the following:  1)  Assign the record to a doctor's office,  2)  assign the record to ONLY one doctor or 3)  assign the record to a Coroner or 4)  assign the record to a Medical Examiner.  If you try to send to multiple certifiers only the last certifier on the list can access the record.

6. Comments are not required.   Do not enter confidential information.  Comments appear in the email and are recorded in the record status.

Send Message

7. Click "Send Message."

1. The certifier will receive an email notification through EDRS that a record has been assigned.
2. The record will also appear on their home page.
3. Click on **Death Record** at the top of the page to return to the **Deceased** page.

# Social Security Verification



1. On the **Deceased** page, review the information to ensure it's correct.
2. Before you can verify a record, Social Security requires the following fields:
   a. First Name
   b. Last Name
   c. Sex
   d. Date of Birth
   e. SSN
3. Click **Verify Social Security Number Screen.**

# Social Security Verification (Cont'd)



1. DO NOT modify information on the Verification page.  Corrections must be made on the **Deceased** page.
2. Only the Middle Name is optional.  The remaining five fields are required.
3. Click **Save and Verify** to transmit the information directly to the Social Security Administration.

# Social Security Verification (Cont'd)



1. The SSN Verification Attempts grid displays the status of the transmission to Social Security.
2. To retrieve the response from Social Security, click **Refresh Screen**.
3. You may receive an immediate response with the word "New" or "Pending" or you may get a response indicating the verification status of the Social Security Number.

# Social Security Verification (Cont'd)



1. In this example, the first attempt failed due to an invalid or incorrect SSN.
2. If the attempt fails, correct errors on the **Deceased** page and re-verify.
3. You can return to the Social Security Verification page to check the status later.
4. You have up to five attempts to verify a record. If after five tries the record does not verify, you CAN still file the record electronically through the EDR system.
5. To close the Social Security Number Verification Page, click on **Close Screen**.

# Personal Info



DEATH RECORD

**Essie C Champion**

| Deceased | Personal Info | Personal Info 2 | Place of Death/Disposition | Notes | Cause of Death | Alias |

**DECEASED**
**Decedent's Name**

☐ Unknown Decedent Name

First Name  ☐ Unnamed(Infant)     Middle Name                          Last Name ☐ Unknown                    Suffix
Essie                              C                                    Champion                                None ▾

Sex: ◯ Male ◉ Female ◯ Unknown

Last Name Prior to First Marriage: [                    ]

Date of Birth: 06/19/1943      ☐ Unknown

Social Security Number: [          ]    ☑ Unknown

Date of Death: 07/15/2018      ☐ Found

| | Years | Months | Days | Hours | Minutes | |
|---|---|---|---|---|---|---|
| Age: | 75 | | | | | ☐ Approximate |

Funeral Case Number: [                    ] (optional)

[ Save ]    [ Verify Social Security Number Screen ]    [ Next Page ]

1. After verifying the SSN, you will return to the **Deceased** page.
2. To continue with the record, click on the **Personal Info** tab or click **Next Page**.

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# Personal Info (Cont'd)

If Hispanic Origin is "Yes," select an origin from the list, or use "Other Hispanic."

Select all races that apply to the decedent.

## Essie C Champion

| Deceased | Personal Info | Personal Info 2 | Place of Death/Disposition | Notes | Cause of Death | Alias |

### PERSONAL INFO

#### ORIGIN/RACE

Is Deceased of Hispanic Origin:  ○ Yes  ● No  ○ Unknown

If yes, indicate origin:

**Select All That Apply**          **Other (max 20 characters per row)**

☐ Mexican
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic

Uncheck All

**Race (Select All That Apply)**          **Other (max 30 characters per row)**

☑ White
☐ Black or African American
☐ Asian Indian
☐ American Indian or Alaskan Native, specify tribe
☐ Second American Indian or Alaskan Native, if any, specify tribe
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian, specify
☐ Second Other Asian, if any, specify
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander, specify
☐ Second Other Pacific Islander, if any, specify
☐ First Other
☐ Second Other, if any, specify
☐ Unknown

Uncheck All

# Personal Info (Cont'd)



1. Choose the level of Education from the drop down list.
2. Choose the Birth Location. For each category, you will choose from a drop down box.
3. Choose the Marital Status.
4. If Married is chosen, the name of the Surviving Spouse must be entered.
5. Click **Save.**
6. To continue with the record, click on the **Personal Info 2** tab or click **Next Page**.

# Personal Info 2



**DEATH RECORD**

**Essie C Champion**

Deceased | Personal Info | Personal Info 2 | Place of Death/Disposition | Notes | Cause of Death | Alias

**PERSONAL INFO 2**
**Military Service**

Was Decedent ever in the Armed Forces?  ○ Yes  ⦿ No  ○ Unknown

**Decedent's Residence**
☐ Unknown

Deceased Residence:  ⦿ United States  ○ US Territory  ○ Another Country  ○ Canada

Zip Code: 36111   [Zip Info]   [Reset]
State: Alabama
County: Montgomery
City: Montgomery   If Other, specify

| Street No. | Pre Directional | Street Name | Designator | Post Directional | Unit | Unit No. |
|---|---|---|---|---|---|---|
| 100 | | Main | St | | Apt | 1A |

City Limits: ○ Yes  ○ No  ○ Unknown

**Decedent's Employment**
Occupation: Nurse   Industry: Public Health

1. Answer the Armed Forces question.
2. Enter the decedent's residence address.  If the decedent died at home, the address was entered when the record was created and transferred to this page.  The residence address will also transfer to the **Place of Death/Disposition** page if the decedent died at home.
3. Corrections to the residence address can be made on this page.
4. Enter the Occupation the decedent held for the majority of his/her life.
5. Enter the type of Industry; do not enter a company name.

# Personal Info 2 (Cont'd)



1. Select the Informant type.
2. Enter the Informant's name.
3. Enter the Informant's address or click on the box, "Informant Address Same as Decedent's" if applicable.
4. Click **Save.**
5. To continue with the record, click on the **Place of Death/Disposition** tab or click **Next Page**.

# Place of Death/Disposition

1. If the Coroner/ME will be completing the place of death, check the box, "Entered By Coroner/ME." Checking the box allows the Coroner/ME to have access to this page.
2. The Place of Death and Hospice selected when the record was created transfer to this page. Both items can be corrected on this page. Note: If the decedent died at home, the residence address must be corrected on the **Personal Info 2** page.
3. Enter the Date of Disposition.
4. Select the Method of Disposition. If the body is being shipped, select "Other," and enter "Shipped." Use "Shipped" only when the final disposition is not known.
5. If the body is in storage, select "Other," and enter "Storage." Use "Storage" when the disposition will not be known in the immediate future.
6. Enter the name and location of the cemetery. There are drop down boxes for the city and state.
7. Your funeral home name and address will populate based on your log in information.
8. Click **Save Record**.
9. Click **Validate Record** to check for errors.

# Validate Record – No Errors



1. Click on the **Validate** button to check the record for errors.
2. You will receive a message indicating that no errors were found.
3. You may click on **Move to Pending Signature** to move the record to the next grid on your home page, but this step is not required.
4. Click on **Forms** to print the *Verification of Personal Information*.

# Verification of Personal Information

1. Click on Verification Of Personal Information.
2. Print the form.
3. You should not sign the death certificate until the informant has reviewed this form.
4. After printing the form, click on **Death Record** to return to the **Deceased** page.

# Signing The Record

1. Return to the **Place of Death/Disposition** page.
2. The funeral home information and director's name is populated by the system when the user logs in.
3. Click **Sign Certificate**.





1. Click Print Application to obtain certified copies.
2. Click Decedent Record to return to the Deceased page.
3. Click Home to return to your home page.
4. If the record has errors, the system goes to the Validations page.

# Record with Errors – Verify As Is

| | | Error Status | Decedent | DOD | Error Message | Error Code |
|---|---|---|---|---|---|---|
| Select | Edit Status | Error in Data | Second Record | 07/01/2014 | You have indicated the deceased was 100 years or more old at the time of death. Please make sure the date of birth of the deceased is entered correctly. | BR001063 |

*Verify or Correct the Entered Data*

The decedent's age needs to be verified because it falls outside a normal range.

| | | Error Status | Decedent | DOD | Error Message | Error Code |
|---|---|---|---|---|---|---|
| Select | Update Cancel | ○ Error in Data ○ Corrected ● Verified as Is | Second Record | 07/01/2014 | You have indicated the deceased was 100 years or more old at the time of death. Please make sure the date of birth of the deceased is entered correctly. | BR001063 |

*Verify or Correct the Entered Data*

To verify information that is correct as entered:
1. Select "Edit Status."
2. Select "Verified As Is."
3. Select "Update."

| | | Error Status | Decedent | DOD | Error Message | Error Code |
|---|---|---|---|---|---|---|
| Select | Edit Status | Verified as Is | Second Record | 07/01/2014 | You have indicated the deceased was 100 years or more old at the time of death. Please make sure the date of birth of the deceased is entered correctly. | BR001063 |

*Verify or Correct the Entered Data*

1. The record has been Verified As Is.
2. Select **Forms** to print the *Verification of Personal Information*.
3. Return to the **Place of Death/Disposition** page to sign the record.

# Record with Errors - Must Correct

<table>
<tr><td colspan="5" align="center">These Errors Must Be Corrected</td></tr>
<tr><td></td><td>Decedent</td><td>DOD</td><td>Error Message</td><td>Error Code</td></tr>
<tr><td>Select</td><td>John Smith</td><td>08/24/2018</td><td>It appears you have not attempted to verify the record through Social Security. Please attempt to verify the record.</td><td>BR003036</td></tr>
</table>

1. Some errors cannot be verified as is, and must be corrected before the record can be signed.
2. Examples of errors that must be corrected are:
   a. The place of death is recorded as Unknown.
   b. The deceased residence address is recorded as Unknown.
   c. The date of death on the Deceased page and Cause of Death page do not match.
   d. The record has not been verified through Social Security.
3. Click on Select to return to the page where the error is located.
4. After making the required correction, print the *Verification of Personal Information*.
5. Return to the **Place of Death/Disposition** page to sign the record.

# CHS Review



| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Funer.Direct. Signed | Certifier Signed | Verification Printed | Legal Errors | Medical Errors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Select | NXJ10008 | Test, John A | Test, John A | 10/04/2018 | 12/15/1925 | M | Mobile | | X | | | |

1. When the home page indicates a record is Under CHS Review, an edit has occurred that must be reviewed by the Center for Health Statistics.
2. The record is either released for issuance, or sent back to the funeral home or medical certifier for correction.
3. If a record is released back to you for correction, it will appear on your home page in red, and the funeral director's signature is removed.



Select the record from the home page, and go to the Status page of the record.

# Status

The Status page shows all activity on a death record.



VIEW RECORD STATUS

**John A Test**

| | Date | User | Facility |
|---|---|---|---|
| Death Record Created: | 10/17/2018 | Joan Styres | Mobile Infirmary Medical Center |
| Legal Data Last Save: | 10/17/2018 | Joan Styres | TRNG Funeral Home |
| Medical Data Last Save: | 10/17/2018 | Joan Styres | Mobile Infirmary Medical Center |
| Certified: | 10/17/2018 | Joan Styres | Mobile Infirmary Medical Center |
| Signed: | | | |
| Certificate Status: | PENDING FH | | |
| Certificate Submitted: | | | |
| Certificate Filed: | | | |

Record Activity:

| Date | Assigned From | Assigned From Facility | Assigned To | Assigned To Facility | Comments |
|---|---|---|---|---|---|
| 10/17/2018 11:44:11 AM | Joan Styres | Mobile Infirmary Medical Center | Mobile Infirmary Medical Center | Mobile Infirmary Medical Center | New Record - Created and Assigned |
| 10/17/2018 11:44:11 AM | Joan Styres | Mobile Infirmary Medical Center | TRNG Funeral Home | TRNG Funeral Home | New Record - Funeral Home Assgn |

| Date | Activity | User | Facility |
|---|---|---|---|
| 10/17/2018 | Unlock Legal RecordCorrect the date of death | Joan Styres | ADPH |

Instructions for correcting the error are sent when the record is released. The instructions can be found at the bottom of the Status page. In this case, the date of death must be corrected before the record can be submitted again.

# Correcting an Error

**Pending Records**

| | EDR # | Legal Name | Medical Name | Date of Death | Birth Date | Sex | County of Death | Funer.Direct. Signed | Certifier Signed | Verification Printed | Legal Errors | Medical Errors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Select | NXJ10008 | Test, John A | Test, John A | 10/04/2018 | 12/15/1925 | M | Mobile | | X | | | |

1. If an error is discovered *before the death certificate is filed*, it may be unlocked and returned to the funeral home.   To have a record unlocked, call the Help Desk at **334-206-2754**.
2. When the record is unlocked, the funeral director's signature is removed, and the record appears in red on the home page.
3. The funeral director will then be able to make corrections, save, and sign the record.

If an error is discovered *after the death certificate is filed*, corrections to the death certificate must be made through the amendment process.  Questions about death certificate amendments should be directed to the Special Services Division at **334-206-2637**.

# Notes



Notes can be added to a record and saved for future reference.
The Notes do not appear on the death certificate.

# Alias Name



1. An Alias name must be a completely different name than the legal name which appears on the Deceased page.
2. An Alias Name **is not** a:
   - Nickname  - Bubba or Junior
   - Professional Title – Dr. John Doe or John Doe, MD
   - Version of the same name – Johnny /John
   - Maiden Name – The Last Name Prior to First Marriage is on the Deceased page and the parents' names are on the Personal Info 2 page. The maiden name does not need to be shown as an alias.
3. An alias name can be entered for a person who had a legal name change in a court of law.  The name prior to the court ordered name change would be shown as the alias name.
4. An alias name is a false name used to conceal identity or an assumed name.

# Status

The Status page of the decedent record shows the status for the original death record and also for Supplementals.

## VIEW RECORD STATUS

**Peppermint Patty**

Original Record ▼

| | Date | User | Facility |
|---|---|---|---|
| Death Record Created: | 10/11/2017 | Joan Styres | Leak-Memory Chapel Funeral Home |
| Legal Data Last Save: | 10/11/2017 | Joan Styres | Leak-Memory Chapel Funeral Home |
| Medical Data Last Save: | 10/11/2017 | Joan Styres | Crimson Urgent Care |
| Certified: | 10/11/2017 | Joan Styres | Crimson Urgent Care |
| Signed: | 10/11/2017 | Joan Styres | Leak-Memory Chapel Funeral Home |
| Certificate Status: | FILED PENDING COD | | |
| Certificate Submitted: | 10/11/2017 | | |
| Certificate Filed: | 10/11/2017 | | |

## VIEW RECORD STATUS

**Peppermint Patty**

Supplemental Cause of Death - 1 ▼

| | Date | User | Facility |
|---|---|---|---|
| Supplemental Created: | 10/11/2017 | Joan Styres | Crimson Urgent Care |
| Supplemental Last Save: | 10/11/2017 | Joan Styres | Crimson Urgent Care |
| Supplemental Certified: | 10/11/2017 | Joan Styres | Crimson Urgent Care |
| Supplemental Status: | PROCESSING | | |
| Supplemental Submitted: | 10/11/2017 | | |
| Supplemental Filed: | | | |

# Search



The Search function provides several ways to look for a decedent's record.
You can only search for records which you filed in the past two years.

# Decline Record



1. If a record is assigned to you in error, you can return the record to the sender.
2. Select **Record Actions**.
3. Select **Decline Record**.
4. You must enter notes when declining a record. A brief explanation for the declination is sufficient.
5. Click **Yes, Decline**.
6. The system will send an email to the record creator which includes the notes, notifying them that the record has been declined.
7. The record will be removed from your home page.
8. Do **not abandon** a record if it does not belong to you. Always **decline** the record.

# Abandon Record



1. If a record has been created that is no longer needed, the record can be abandoned (deleted.)
2. Select the record from your home page.
3. Select **Record Actions**.
4. Select **Abandon Record**.
5. You must enter notes when abandoning a record. A brief explanation for abandoning is sufficient.
6. Click **Yes, Abandon**.
7. The record will be removed from the home pages of all other users who had the record.
   EX: Hospital, Nursing Home, Coroner, etc.
8. Once abandoned, a record **cannot** be retrieved again.

# Application for Death Certificate

1. Click the Application for Death Certificate.
2. Select Requester, Reason for Request, and enter the Number of Copies.
3. The funeral home name and address will populate when funeral home is chosen as the requester.
4. Enter the phone number.
5. Click **Next**.

# Application for Death Certificate (Cont'd)

1. Print the application.
2. The signature, printed name, and date must be completed in the Applicant Section.
3. The ID Requirements for Restricted Alabama Vital Records will print with the application.
4. Submit the proper ID with the application and fee.

**EVERS EDR Forms**

Verification of Personal Information

Application for Death Certificate

Authorization for Out-of-State Disposition

Cremation/Burial at Sea Authorization

Letter of Non-Contagion

Notice of Disinterment

Medical Information

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## REQUEST FOR ALABAMA DEATH CERTIFICATE

**General Information:** You may obtain certified copies of a death certificate from the Center for Health Statistics in the Alabama Department of Public Health by mailing this application to the Center for Health Statistics along with the appropriate fee for the number of copies you are ordering. You also have the option of taking this application and the appropriate payment to any local health department in Alabama. Please note that if your application is not accompanied by valid identification and the required fee for the number of copies you order, the request cannot be processed.

**Fees:** The fee for one certified copy of the death certificate is $15.00. Additional copies of the same record ordered at the same time are $6.00 each. Make your check or money order payable to the "State Board of Health." Fees are not refundable. Please do not send cash.

**Number of Copies:** When this application form was prepared, the number of copies ordered may have been entered and the fee indicated on the form. If you want a different number of copies than already indicated on the form or the number of copies was not entered, you should make pen and ink changes to the "Number of Copies" requested and the "Amount Paid." If the number of copies requested, amount paid, and fees do not match, your request for copies may be delayed or returned to you. Please indicate the number of copies you want with and without cause of death.

**Signature:** You must also sign the form and complete the Applicant Section or your application cannot be processed.

**Mail this form along with valid identification (see page 2 for details) and the appropriate fee to:**

Center for Health Statistics
PO Box 5625
Montgomery, AL 36103-5625

If you have questions, please call 334-206-5418 or visit our website at www.alabamapublichealth.gov/vitalrecords.

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**Applicant Section:** THIS SECTION MUST BE COMPLETED. Death certificates less than 25 years old are restricted records. Valid identification must be submitted with a request for a restricted record. You must be an immediate family member OR demonstrate a legal right to the record in order to obtain a copy of the record (Code of Alabama, 1975, §22-9A-21). Anyone falsely applying for a record is subject to a penalty upon conviction of up to three months in the county jail or a fine of up to $500 (Code of Alabama, 1975, §13A-10-109).

**By signing this application, you are certifying you have a legal right to the record requested.**

Your Signature: _____ Date: _____

Print Your Name: _____

Funeral Home Name: **TRNG Funeral Home**   Address: **201 Monroe St**

City & State: **Montgomery, Alabama**   Zip: **36104**   Phone:

Relationship to Person Whose Record Is Being Requested: **Funeral Home**

Reason for Request if Not Immediate Family Member: **For the Family**

I Allow the Following Individual to Pick Up the Certificate(s): _____

Mail to: **TRNG Funeral Home**   Address: **201 Monroe St**

City: **Montgomery**   State: **Alabama**   Zip: **36104**   Phone: **(334)206-2754**

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**Death Information:**   Number of Copies : **2**   Amount Paid : $ **21.00**

Legal Name of Deceased: **John A Test Jr**

Date of Death: **10/05/2018**   County of Death: **Mobile County**   Sex: **Male**

SSN: **999999999**   Date of Birth: **12/15/1925**   Age: **92 Years**
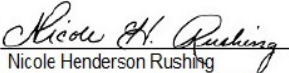
Race: **White**

Surviving Spouse:

Name of Parents: **John A Test Sr/ Mary A Sample**

STARTING WITH 1991 DEATHS, CERTIFICATES MAY BE ISSUED WITHOUT A CAUSE OF DEATH. Indicate the number of copies of each type of certificate you want: **2 WITH CAUSE OF DEATH / 0 WITHOUT CAUSE OF DEATH**

ADPH-HS-E14D/REV-9/18

# Authorization For Out-Of-State Disposition

# Cremation/Burial At Sea Authorization

**EVERS EDR Forms**

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## CREMATION/BURIAL AT SEA AUTHORIZATION

If a body is to be cremated or buried at sea, Alabama Law (§ 22-9A-16) requires authorization from the county medical examiner, state medical examiner, or the coroner in the county where death occured.

### FUNERAL DIRECTOR'S REQUEST

A request is hereby made to ___ cremate ____ bury at sea the following individual:

Name of Deceased:  John A Test Jr

County of Death:  Mobile County                Date of Death:  10/05/2018

Date of Birth:  12/15/1925                      Sex:  Male

Signature of Funeral Director                   Date

TRNG Funeral Home                               Montgomery, Alabama
Funeral Home Name                               City, State

Phone Number with Area Code                     Fax Number with Area Code

### AUTHORIZATION

Based on my inquiry, investigation, and/or examination, I authorize the ____ cremation ____ burial at sea of the above named individual.

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# Notice of Disinterment

# Helpful Hints

1. The personal information completed by the funeral home and the medical certification sections operate independently of each other. The funeral home director can complete and sign the certificate and does not have to wait for the medical certifier. The medical certifier can complete and sign the certificate and does not have to wait for the funeral home.
2. After a record is created, regardless of who created it, the Deceased, Personal Info 1, Personal Info 2, and Place of Death/Disposition pages belong to the funeral home and only the funeral home staff can correct information on these pages.
3. After a record is created, regardless of who created it, corrections to the Cause of Death page can only be made by the medical facility staff or certifier.
4. If a record is assigned to a facility in error at the time of creation, the record can be reassigned through Record Actions.
5. When a record is to be assigned to a physician, first assign the record to the physician's office, where applicable, and then to the physician.
6. Center For Health Statistics staff cannot make corrections on electronic death certificates. Corrections that need to be made prior to filing the record must be made by the funeral home or medical facility/certifier.

# EDRS Informational Website
## alabamapublichealth.gov/edrs

The EDRS Informational Website contains:

- ➢ Training Materials
- ➢ Facility User Authorization Form
- ➢ User Agreement
- ➢ Medical Certifier Agreements (Physician, CRNP, CNM)
- ➢ Instructions for Requesting Access to EDRS
- ➢ Contact Information for Area Trainers

# **Need Assistance?**

For assistance with Electronic Death Registration, call the Help Desk at **334-206-2754**.

For assistance with death certificate amendments or to find out the status of one that has been submitted, call the Special Services Division at **334-206-2637**.