

Electronic Death Registration System

Funeral Homes



November 2018

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”



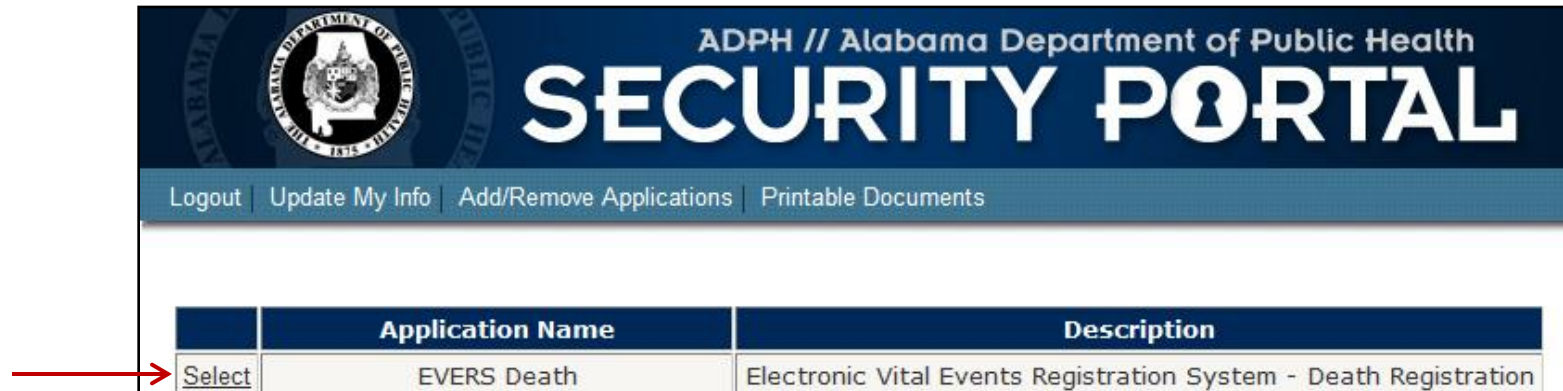
Security Portal Login

username

password

Login

[username/password help](#)



ADPH // Alabama Department of Public Health

SECURITY PORTAL

[Logout](#) | [Update My Info](#) | [Add/Remove Applications](#) | [Printable Documents](#)

	Application Name	Description
Select	EVERS Death	Electronic Vital Events Registration System - Death Registration

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
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
Select	NXH10003	Champion, Essie C	Champion, Essie C	07/15/2018	06/19/1943	F	Montgomery	X		X	

1. Pending Records - records that are in various stages of completion.
2. Pending Signature - 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.



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.”

Place of Death:	Deceased's Residence					
Zip Code:	36111	<input type="button" value="Zip Info"/> <input type="button" value="Reset"/>				
State:	Alabama					
County:	Montgomery					
City:	Montgomery	If Other, specify <input type="text"/>				
Street No.	Pre Directional	Street Name	Designator	Post Directional	Unit	Unit No.
100	NE	Oak	Street		Apt	3A
City Limits: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown						

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 Year of Death :

Enter the year of death and click "Next."

Create New Record (Cont'd)

Decedent First Name <input type="checkbox"/> Unnamed(Infant)	Decedent Middle Name	Decedent Last Name <input type="checkbox"/> Unknown	Suffix
<input type="text" value="Essie"/>	<input type="text" value="C"/>	<input type="text" value="Champion"/>	<input type="text" value="None"/>
Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown			
Last Name Prior to First Marriage: <input type="text"/>			
Date of Birth:	<input type="text" value="06/19/1943"/>	<input type="checkbox"/> Unknown	
Social Security Number:	<input type="text"/>	<input checked="" type="checkbox"/> Unknown	
Date of Death:	<input type="text" value="07/15/2018"/>	<input type="checkbox"/> Found	
Age:	Years <input type="text" value="75"/>	Months <input type="text"/>	Days <input type="text"/>
		Hours <input type="text"/>	Minutes <input type="text"/>
			<input type="checkbox"/> Approximate

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)

Place of Death: Select One

Hospice Care at Time of Death: Select One

Medical Record Number:

Coroner/ME Case Number:

Funeral Home Case Number:

Who will handle the disposition of the body?

Select Funeral Home:

Create Record Cancel

1. Select the Place of Death from the drop down list.
2. Medical Facility – Select Hospital , Nursing Home, SCALF, ALF, or Inpatient Hospice, then select the facility name from the drop down list
3. Other Facility – 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. Deceased's Residence – The decedent died at home.
5. Other Residence – The decedent died at a residence other than their own.
6. Rural – 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. Other – 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. Unknown – 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)

Hospital Status:

Hospice Care at Time of Death: ☐ Yes ☒ No ☐ Unknown

Medical Record Number:

Coroner/ME Case Number:

Funeral Home Case Number:

Who will handle the disposition of the body? ☒ Funeral Home ☐ Facility

Select Funeral Home:

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

The screenshot shows a web application interface for managing death records. At the top is a dark red navigation bar with white text links: [Home](#), [Death Record](#), [Validations](#), [Record Actions](#), [Status](#), [Forms](#), [Help/FAQs](#), and [Logout](#). Below this bar, the title 'DEATH RECORD' is centered, with a red arrow pointing to the 'Record Actions' tab. The main content area is titled 'Essie C Champion' and contains several tabs: 'Deceased' (selected), 'Personal Info', 'Personal Info 2', 'Place of Death/Disposition', 'Notes', 'Cause of Death', and 'Alias'. The 'DECEASED' section includes a 'Decedent's Name' form with fields for First Name (Essie), Middle Name (C), Last Name (Champion), and Suffix (None). It also has checkboxes for 'Unknown Decedent Name', 'Unknown', 'Found', and 'Approximate'. The 'Date of Birth' is 06/19/1943, 'Date of Death' is 07/15/2018, and 'Age' is 75. The 'Funeral Case Number' field is optional. At the bottom are three buttons: 'Save', 'Verify Social Security Number Screen', and 'Next Page'.

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**

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

Select Addressee from grid above.

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

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.

Send Message

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

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

3. Make a selection from the list.

4. The name will appear in the addressee box.

5. Select an Action Message.

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

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

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

Age: 75 Years Months Days Hours Minutes ☐ Approximate

Funeral Case Number: (optional)


[Save](#) [Verify Social Security Number Screen](#) [Next Page](#)

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)

Electronic Death Registration
Electronic Vital Events Registration System (EVERS)

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Social Security Number Verification

SSN Verification

First Name	Middle Name	Last Name
<input type="text" value="Training"/>	<input type="text"/>	<input type="text" value="Record"/>
Sex	Date of Birth	SSN
<input type="text" value="Male"/>	<input type="text" value="12/01/1950"/>	<input type="text" value="999999999"/>

Save & Verify

NOTE: Maximum length allowed by SSA: First(15), Middle(15), Last(20). Longer names are saved in EDRS but are automatically truncated when submitted to SSA.

Verifier

User	Facility	Date
Training FuneralHome	TRNG Funeral Home	8/5/2014

SSN Verification Attempts

Close Screen


Refresh Screen

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)

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Social Security Number Verification

SSN Verification

First Name
Training

Middle Name

Last Name
Record

Sex
Male

Date of Birth
12/01/1950

SSN
999999999

Save & Verify

NOTE: Maximum length allowed by SSA: First(15), Middle(15), Last(20). Longer names are saved in EDRS but are automatically truncated when submitted to SSA.

Verifier

User
Training FuneralHome

Facility
TRNG Funeral Home


Date
9/3/2014

SSN Verification Attempts

Attempt	Data Submitted	User	Facility	Date	Status
1	Training Record/M/12/01/1950/999999999	Training FuneralHome	TRNG Funeral Home	09/03/2014	New

Close Screen

Refresh Screen



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)

Electronic Death Registration
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Social Security Number Verification

SSN Verification

First Name
New

Middle Name
Demo

Last Name
Record

Sex
Male

Date of Birth
03/03/1940

SSN
123456789

Save & Verify

NOTE: Maximum length allowed by SSA: First(15), Middle(15), Last(20). Longer names are saved in EDRS but are automatically truncated when submitted to SSA.

Verifier

User
Jack Sprat

Facility
Brookside Funeral Home

Date
12/2/2010

SSN Verification Attempts

Attempt	Data Submitted	User	Facility	Date	Status
2	New Demo Record/M/03/03/1940/ 123456789	Jack Sprat	Brookside Funeral Home	12/02/2010	SSN Verified
1	New Test Record/M/03/03/1940/ 123456788	Jack Sprat	Brookside Funeral Home	12/02/2010	Invalid or incorrect SSN

Close Screen

Refresh Screen

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

Age: 75 Years Months Days Hours Minutes ☐ 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**.

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 Decedent of Hispanic Origin: ☐ Yes ☒ No ☐ Unknown

If yes, indicate origin:

Select All That Apply

☐ Mexican

☐ Puerto Rican

☐ Cuban

☐ Other Hispanic

Other (max 20 characters per row)

Race (Select All That Apply)

☒ 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

Other (max 30 characters per row)

Personal Info (Cont'd)

Education:	<input type="text" value="Bachelor's Degree"/>		
Birth Location:	<input checked="" type="radio"/> United States <input type="radio"/> US Territory <input type="radio"/> Another Country <input type="radio"/> Canada		
State of Birth:	<input type="text" value="California"/>		
Marital Status:	<input checked="" type="radio"/> Never Married <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Unknown		
<input type="checkbox"/> Surviving Spouse Unknown			
Surviving Spouse First Name	Middle Name	Last Name Prior to First Marriage	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="None"/>
<div><input type="button" value="Save"/> <input type="button" value="Previous Page"/> <input type="button" value="Next Page"/></div>			

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

Decedent Residence: ☒ United States ☐ US Territory ☐ Another Country ☐ Canada

Zip Code:
 State:
 County:
 City: If Other, specify

Street No.	Pre Directional	Street Name	Designator	Post Directional	Unit	Unit No.
<input type="text" value="100"/>	<input type="text"/>	<input type="text" value="Main"/>	<input type="text" value="St"/>	<input type="text"/>	<input type="text" value="Apt"/> <input type="button" value="v"/>	<input type="text" value="1A"/>

City Limits: ☐ Yes ☐ No ☐ Unknown

Decedent's Employment
 Occupation: Industry:

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)

Informant

☐ Husband
☐ Wife
☐ Son
☐ Daughter
☐ Son-in-Law
☐ Daughter-in-Law
☐ Spouse
☐ Other

Specify:

Informant First Name Informant Middle Name Informant Last Name Suffix

☐ Informant Address Same as Decedent's

Informant Mailing Address: ☒ United States ☐ US Territory ☐ Another Country ☐ Canada

Zip Code:

State:

County:

City: If Other, specify

Street No. Pre Directional Street Name Designator Post Directional Unit Unit No.

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.

Essie C Champion

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

PLACE OF DEATH

☐ Entered By Coroner/ME

Place of Death: Hospital

Hospital: Baptist Medical Center East

Address: 400 Taylor Road

City: Montgomery

State: Alabama

Zipcode: 36117

Hospital Status: Inpatient

Hospice Care at Time of Death: ☐ Yes ☒ No ☐ Unknown

Disposition:

Date of Disposition: 07/25/2018

Method of Disposition: ☒ Burial

☐ Cremation

☐ Entombment

☐ Medical Donation

☐ Hospital Disposal

☐ Other

If Other Disposition, Specify:

Name of Cemetery, Crematory or Medical School: Memory Gardens

City: Montgomery City

State: Alabama

Funeral Home:

Leak-Memory Chapel Funeral Home

Address: 945 Lincoln Road

City: Montgomery

State: Alabama

Zipcode: 36109

Save Record **Validate Record**

Be sure to Save the record after inserting data or making changes.

Validate Record – No Errors

Electronic Death Registration
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VALIDATE RECORD

Training Record

There were no errors detected during the validation check.

☐ Move to Pending Signature.

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.

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout
ALABAMA							
VERIFICATION OF PERSONAL INFORMATION OF DECEASED							
<p>Please carefully review the information listed below. This information will be placed on the official death certificate. It is important that all information is as accurate as possible. Once the death certificate is filed, the information can only be changed by amending the certificate with the Center for Health Statistics for a fee. Most amendments require evidence be submitted which proves the correct information. In some instances, such as marital status and surviving spouse, a court order may be required.</p>							
<p>Name of Deceased: John A Test Jr</p>							
<p>Decedant Name Prior To First Marriage:</p>							
<p>Alias Names (AKA) if any:</p>							
<p>Date of Death: 10/05/2018 Place of Death: Mobile Infirmary Medical Center</p>							
<p>City/Town or Location: Mobile Inside City Limits: Yes</p>							
<p>County: Mobile County</p>							
<p>Sex: Male Date of Birth: 12/15/1925 Age: 92 Years</p>							
<p>State of Birth: Iowa SSN: 999999999 In Armed Forces: Yes</p>							
<p>Marital Status: Never Married Spouse's Name:</p>							
<p>Address, Street and Number: 100 N Elm St</p>							
<p>City/Town and Zip: Montgomery 36111 County: Montgomery County</p>							
<p>State: Alabama Inside City Limits: No</p>							
<p>Father/Parent's Name Prior to First Marriage: John A Test Sr</p>							
<p>Mother/Parent's Name Prior to First Marriage: Mary A Sample</p>							
<p>Informant Name/Relationship: Al A Bama/Friend</p>							
<p>Address: 100 N Elm St, Montgomery, Alabama, 36111</p>							
<p>Disposition: Burial Date of Disposition: 10/17/2018</p>							
<p>Cemetery/Crematory Name: Montgomery Cemetery City/Town & State: Montgomery, Alabama</p>							
<p>I have reviewed the information above and it is correct to the best of my knowledge.</p>							
<p>EVERS EDR Forms</p> <p>Verification of Personal Information</p> <p>Application for Death Certificate</p> <p>Authorization for Out-of-State Disposition</p> <p>Cremation/Burial at Sea Authorization</p> <p>Letter of Non-Contagion</p> <p>Notice of Disinterment</p> <p>Medical Information</p>							

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**.

Funeral Home:	
	Leak-Memory Chapel Funeral Home
Address:	945 Lincoln Road
City:	Montgomery
State:	Alabama
Zipcode:	36109
<input type="button" value="Save Record"/> <input type="button" value="Validate Record"/>	
Be sure to Save the record after inserting data or making changes.	
Funeral Director:	
Joan Styres -	Not Signed
<input type="button" value="Sign Certificate"/>	

Electronic Death Registration		Center For Health Stat
Electronic Vital Events Registration System (EVERS)		ALABAMA DEPARTMENT
		PUBLIC HEA
Thank You. You have successfully signed this record.		
Validations	Print Application	Decedent Record
		Home

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

Verify or Correct the Entered Data						
		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

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

Verify or Correct the Entered Data						
		Error Status	Decedent	DOD	Error Message	Error Code
Select	Update Cancel	<input type="radio"/> Error in Data <input type="radio"/> Corrected <input checked="" type="radio"/> 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

To verify information that is correct as entered:

1. Select "[Edit Status](#)."
2. Select "Verified As Is."
3. Select "[Update](#)."

Verify or Correct the Entered Data						
		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

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

These Errors Must Be Corrected				
	Decedent	DOD	Error Message	Error Code
Select	John Smith	08/24/2018	It appears you have not attempted to verify the record through Social Security. Please attempt to verify the record.	BR003036

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

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. 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.

[Home](#)
[Death Record](#)
[Validations](#)
[Record Actions](#)
[Status](#)
[Forms](#)
[Help/FAQs](#)
[Logout](#)

DEATH RECORD

John A Test

[Deceased](#)
[Personal Info](#)
[Personal Info 2](#)
[Place of Death/Disposition](#)
[Notes](#)
[Cause of Death](#)
[Alias](#)



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

Electronic Death Registration
Electronic Vital Events Registration System (EVERS)

Center For Health Statistics
ALABAMA DEPARTMENT OF
PUBLIC HEALTH

[Home](#) [Death Record](#) [Validations](#) [Record Actions](#) [Status](#) [Forms](#) [Help/FAQs](#) [Logout](#)

DEATH RECORD

Training Record II

[Deceased](#) [Personal Info](#) [Personal Info 2](#) [Place of Death/Disposition](#) [Notes](#) [Cause of Death](#) [Alias](#)

NOTES
Notes Currently in the system for Deceased:

Enter New Comments or Notes Below:

1. Type Notes here.

Save Notes

2. Save the Notes. Once saved, the Notes move here.

[Previous Page](#) [Next Page](#)

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

Alias Name

DEATH RECORD

John A Test Jr

Deceased

Personal Info

Personal Info 2

Place of Death/Disposition

Notes

Cause of Death

Alias

Do not enter nicknames for an Alias Name. An Alias Name is a false name used to conceal one's identity; an assumed name.

Alias Name(s)

DECEASED ALIAS

Alias

No Alias names have been entered in the database.

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 <input type="button" value="v"/>			
	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 <input type="button" value="v"/>			
	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

SEARCH

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

Record Type
☒ Pending/Submitted/Certified
☐ Pending
☐ Submitted/Certified
☐ Abandoned

Search By:
☐ Year: 
☒ Criteria:

Decedent's Last Name

Funeral Home Number


Social Security Number

Date of Birth - Begin

Date of Death - Begin

EDR Record Number

☒ Legal ☐ Medical

County of Death: 

End

End

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

The screenshot shows the 'Electronic Death Registration' (EVERS) system interface. At the top, it says 'Center For Health Statistics ALABAMA DEPARTMENT OF PUBLIC HEALTH'. Below this is a navigation bar with links: Home, Death Record, Validations, Record Actions, Status, Forms, Help/FAQs, and Logout. The 'Death Record' link is highlighted with a red arrow. Below the navigation bar, there is a 'Test Record' section with three tabs: 'Assign/Notify', 'Decline Record' (which is highlighted in yellow), and 'Abandon Record' (which is highlighted in red). The main content area is titled 'Decedent Record' and contains a form with the following fields: First: (Test), Middle: (), Last: (Record), Suffix: (), Sex: (Male), DOB: (03/15/1956), DOD: (06/30/2014), and SSN: (). Below these fields is a text area for notes with the text 'Notes are REQUIRED to Decline a record.' and a scroll bar. At the bottom of the form, there is a note: 'NOTE: Once you decline this record, you and anyone in your facility will NOT have access to the record.' and two buttons: 'Decline Record?' and 'Yes, Decline.' and 'No, Cancel.'.

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

The screenshot shows the 'Electronic Death Registration' (EVERS) system interface. At the top, it identifies the 'Center For Health Statistics' and 'ALABAMA DEPARTMENT OF PUBLIC HEALTH'. A navigation bar includes links for Home, Death Record, Validations, Record Actions, Status, Forms, Help/FAQs, and Logout. The 'Training Record' section is active, with tabs for 'Assign/Notify' and 'Abandon Record'. The 'Abandon Record' tab displays a 'Decedent Record' form with fields for First, Middle, Last, and Suffix names; Sex, DOB, DOD, and SSN. The 'Last' field contains 'Record' and the 'DOB' field contains '12/01/1950'. A text area for notes contains the message 'Notes are REQUIRED to abandon a record.' Below this, a note states: 'NOTE: Once a record is Abandoned, it CANNOT be reactivated.' At the bottom, a confirmation prompt 'Abandon Record?' is followed by two buttons: 'Yes, Abandon.' and 'No, Cancel.'

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**.

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout
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							
		<p>Requester:</p> <p><input checked="" type="radio"/> Funeral Home <input type="radio"/> Surviving Spouse <input type="radio"/> Informant <input type="radio"/> Blank</p> <p>Reason for Request:</p> <p><input checked="" type="radio"/> For the Family <input type="radio"/> Other</p> <p>Number of Copies:</p> <p>Copies WITH Cause of Death: <input type="text" value="2"/> Copies WITHOUT Cause of Death: <input type="text" value="0"/></p> <p>Mailing Address:</p> <p>Name: <input type="text" value="TRNG Funeral Home"/> Address: <input type="text" value="201 Monroe St"/> City: <input type="text" value="Montgomery"/> State: <input type="text" value="Alabama"/> Zip Code: <input type="text" value="36104"/> Phone Number: <input type="text" value="3342062754"/> x</p> <p><input type="button" value="Next"/></p>					

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

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 \$8.00 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.

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, §22-8A-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**

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: _____

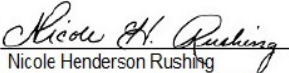
Name of Parents: **John A Test Sr/ Mary A Sample**

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

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout
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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	<p style="text-align: center;">ALABAMA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH STATISTICS AUTHORIZATION FOR OUT-OF-STATE DISPOSITION</p> <p>Effective May 21, 1992, the State of Alabama no longer requires the acquisition of a permit to remove a dead body from the State. (Code of Alabama § 22-9A)</p> <p style="text-align: center;"> Nicole Henderson Rushing State Registrar of Vital Statistics</p> <p>Notification of Death for the following individual has been submitted to the Alabama Center for Health Statistics:</p> <p>Name of Decedent: John A Test Jr</p> <p>Date of Death: 10/05/2018</p> <p>County of Death: Mobile County</p> <p>Date of Removal: _____</p> <p>Name of Cemetery or Crematory: Montgomery Cemetery</p> <p>City and State: Montgomery, Alabama</p> <table><tr><td>Signature of Funeral Director _____</td><td>License Number _____</td></tr></table> <p>Printed Date: 10/17/2018 2:32:25 PM</p>	Signature of Funeral Director _____	License Number _____
Signature of Funeral Director _____	License Number _____		

Cremation/Burial At Sea Authorization

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout
----------------------	------------------------------	-----------------------------	--------------------------------	------------------------	-----------------------	---------------------------	------------------------

<p>EVERS EDR Forms</p> <p>Verification of Personal Information</p> <p>Application for Death Certificate</p> <p>Authorization for Out-of-State Disposition</p> <p>Cremation/Burial at Sea Authorization</p> <p>Letter of Non-Contagion</p> <p>Notice of Disinterment</p> <p>Medical Information</p>	<p style="text-align: center;"><u>CREMATION/BURIAL AT SEA AUTHORIZATION</u></p> <p>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 occurred.</p> <p style="text-align: center;">FUNERAL DIRECTOR'S REQUEST</p> <p>A request is hereby made to ____ cremate ____ bury at sea the following individual:</p> <p>Name of Deceased: <u>John A Test Jr</u></p> <p>County of Death: <u>Mobile County</u> Date of Death: <u>10/05/2018</u></p> <p>Date of Birth: <u>12/15/1925</u> Sex: <u>Male</u></p> <table border="0"><tr><td>_____ Signature of Funeral Director</td><td>_____ Date</td></tr><tr><td>_____ TRNG Funeral Home</td><td>_____ Montgomery, Alabama</td></tr><tr><td>_____ Funeral Home Name</td><td>_____ City, State</td></tr><tr><td>_____ Phone Number with Area Code</td><td>_____ Fax Number with Area Code</td></tr></table> <p style="text-align: center;">AUTHORIZATION</p> <p>Based on my inquiry, investigation, and/or examination, I authorize the ____ cremation ____ burial at sea of the above named individual.</p>	_____ 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
_____ 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								

Notice of Disinterment

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout													
<div>ALABAMA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH STATISTICS</div> <div>NOTICE OF DISINTERMENT</div> <p>The Code of Alabama (1975 § 22-9A-16(g)) states that authorization for disinterment and reinterment shall be obtained prior to disinterment of a dead body or fetus. Filing this form with the Local Registrar in the county where the body is buried constitutes that authorization.</p> <div>INSTRUCTIONS</div> <p>The funeral director, or person acting as such, must complete and sign in duplicate the upper part of this Notice of Disinterment stating that he or she will abide by all rules and regulations of the Board of Health for disinterment of a dead body or fetus. The funeral director, or other person acting as such, shall then present the Notice of Disinterment to the Local Registrar of Vital Records in the county Health Department of the county where the body is buried.</p> <p>The Local Registrar will sign in duplicate the lower part, retaining one copy and giving the duplicate to the funeral director, or person acting as such.</p> <div>FUNERAL DIRECTOR'S REQUEST</div> <p>Notice is hereby made of the intent to disinter and remove the body of: <u>John A Test Jr</u> Name of Deceased</p> <p>who died on <u>10/05/2018</u> and is buried in <u>Montgomery Cemetery</u> Month Day Year Name of Cemetery</p> <p>Cemetery located in _____ County, Alabama. The body is to be removed to _____ in the City</p> <p>State of _____ for reinterment. Removal will be made by _____ Hearse, Air, Railroad, etc.</p> <p>I shall abide by Rules and Regulations of the Alabama State Board of Health (420-7-1-.3) which govern disinterment, transportation and disposition of dead human bodies.</p> <table><tbody><tr><td>Signature of Funeral Director or person acting as such</td><td>Date</td></tr><tr><td><u>TRNG Funeral Home</u></td><td><u>201 Monroe St</u></td></tr><tr><td>Funeral Home Name if applicable</td><td>Address</td></tr><tr><td></td><td><u>Montgomery, Alabama, 36104</u></td></tr><tr><td></td><td>City, State, Zip</td></tr></tbody></table> <div>STATEMENT OF LOCAL REGISTRAR</div> <p>In accordance with the Code of Alabama (1975 § 22-9A-16(g)), the above named has applied for disinterment of the remains of the deceased person named above and has filed the required notice. This Notice of Disinterment does not carry nor revoke such rights or authority as may rest with descendants or other interested persons and does not establish a legal record of the person named in the above notice.</p> <table><tbody><tr><td>Signature of Local Registrar</td><td>Date</td></tr></tbody></table>								Signature of Funeral Director or person acting as such	Date	<u>TRNG Funeral Home</u>	<u>201 Monroe St</u>	Funeral Home Name if applicable	Address		<u>Montgomery, Alabama, 36104</u>		City, State, Zip	Signature of Local Registrar	Date	<div>EVERS EDR Forms</div> <div>Verification of Personal Information</div> <div>Application for Death Certificate</div> <div>Authorization for Out-of-State Disposition</div> <div>Cremation/Burial at Sea Authorization</div> <div>Letter of Non-Contagion</div> <div>Notice of Disinterment</div> <div>Medical Information</div>
Signature of Funeral Director or person acting as such	Date																			
<u>TRNG Funeral Home</u>	<u>201 Monroe St</u>																			
Funeral Home Name if applicable	Address																			
	<u>Montgomery, Alabama, 36104</u>																			
	City, State, Zip																			
Signature of Local Registrar	Date																			

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**.