



DEATH RECORDS TRAINING

Funeral Homes

Table of Contents

Introduction.....	2
Help Desk.....	2
Work Queues - FH	3
Starting A Record.....	3
Required to Start Tab	4
Decedent Tab	6
Decedent History Tab.....	7
Race.....	7
Ethnicity	8
Decedent History 2.....	10
Disposition.....	12
Trade Call.....	14
Certifier	14
Determining The Medical Certifier.....	14
Signature	17
Notes & Uploading	18
Adding A Note	18
Adding a File.....	19
Rejecting.....	19

INTRODUCTION

Who are we?

The State of Nevada Office of Vital Records was established by legislative act in 1910. We are the repository for all Nevada birth, death, and fetal demise records and data from 1911 to present. We oversee the 440 sections of the Nevada Revised Statutes and the Nevada Administrative Code, which outline how vital records information is collected, secured, stored, and transmitted.

HELP DESK

For Technical Assistance:

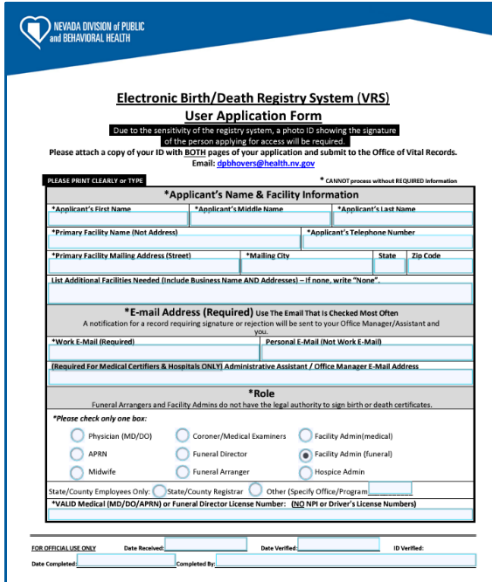
Contact OVRHelp@health.nv.gov.

- Password Resets
- Two Factor Authentication
- Assistance filling out records
- Technical Assistance

For User Access:

Contact DPBHOVERS@health.nv.gov.

- Submit Application
- Confidentiality Agreement
- Valid Government ID with Signature



Electronic Birth/Death Registry System (VRS)
User Application Form

Due to the sensitivity of the registry system, a photo ID showing the signature of the person applying for access will be required.

Please attach a copy of your ID with 8-2726 pages of your application and submit to the Office of Vital Records.
Email: dpbhoovers@health.nv.gov

PLEASE PRINT CLEARLY or TYPE * CANNOT process without REQUIRED information

***Applicant's Name & Facility Information**

*Applicant's First Name	*Applicant's Middle Name	*Applicant's Last Name
*Primary Facility Name (Not Address)	*Applicant's Telephone Number	
*Primary Facility Mailing Address (Street)	*Mailing City	State Zip Code
List Additional Facilities Needed (include Business Name AND Addresses) - If none, write "None".		

***E-mail Address (Required)** Use the email that is checked Most Often
A notification for a record requiring signature or rejection will be sent to your Office Manager/Assistant and you.

*Work E-Mail (Required)	Personal E-Mail (Not Work E-Mail)
-------------------------	-----------------------------------

(Required For Medical Certifiers & Hospitals ONLY) Administrative Assistant / Office Manager E-Mail Address

***Role**
Funeral Arrangers and Facility Admins do not have the legal authority to sign birth or death certificates.

*Please check only one box:

<input type="radio"/> Physician (MD/DO)	<input type="radio"/> Coroner/Medical Examiners	<input type="radio"/> Facility Admin (medical)
<input type="radio"/> APRN	<input type="radio"/> Funeral Director	<input checked="" type="radio"/> Facility Admin (Funeral)
<input type="radio"/> Midwife	<input type="radio"/> Funeral Arranger	<input type="radio"/> Hospice Admin

State/County Employees Only: ☐ State/County Registrar ☐ Other (Specify Office/Program)

*VALID Medical (MD/DO/APRN) or Funeral Director License Number: (MD APR or Driver's License Number)

FOR OFFICIAL USE ONLY

Date Received	Date Verified	ID Verified
Date Completed	Completed By	

ALL IN GOOD HEALTH

WORK QUEUES - FH

- **FH Burial Permit Pending:** Records awaiting the Burial Permit approval
- **FH Burial Permit Ready:** Burial Permit is ready to be printed
- **FH Pending Investigation:** All records that have a “Pending Investigations” status
- **FH Personal in Progress:** All records that have been assigned to you and have not been completed
- **FH waiting on MC:** Waiting for the Medical Certifier to complete the medical portion of the record and sign
- **Unassigned Certifier:** A physician, coroner, or medical examiner has not been assigned to complete the medical portion of the record



The screenshot shows the Nevada E-Vital Record System (VRS Test 50) interface. It features a header with the system name and a sidebar with 'Work Queues' and 'Searches'. The main content area includes a 'New Communicable Disease Info' section with a warning message, a 'Messages' section with a table header, and a footer with copyright information and a 'Back to top' link.

Work Queues

FH Burial Permit Pending	6
FH Burial Permit Ready	0
FH Pending Investigation	2
FH Personal in Progress	2
FH Ready to Sign	1
FH Reject/Re-assign	1
FH waiting on MC	6
Unassigned Certifier	1

Searches

No favorite searches.

New Communicable Disease Info

The Communicable Disease field in the Cause of Death tab has been blanked out. It is a required field and Medical Certifiers will be required to select "Yes," "No," or "Unknown" in order to successfully save the record.

Messages

From	Subject	Message	Received	Event	Local File Number
No messages to show.					

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STARTING A RECORD

From the Home Screen go to:

File > New > Death

This will bring up a new blank death record

REQUIRED TO START TAB

The Required to Start Tab has all the information required to start a record and give it a case file number in the NV VRS system. The funeral home and Funeral director should auto populate based on the login information. Once date of birth is filled in and you tab it will populate this information throughout the record and assign it a case file number. This information can be changed before the record is signed.

- Funeral Home Name
- Funeral Director Name
- Place of Death Zip code
- Place of Death City
- Place of Death County
- Decedent's Last Name and Suffix
- Gender
- Date of Death
- Date of Birth
- Date Body Picked Up (optional)

Home
File
Search
Documents
Action
Linking
Tools
Batch
Administration
Help

Death: 3157
Image count: 0
Notes count: 0
Alerts: 0
Save

Required to Start
Decedent
Dec History
Dec History2
Disposition
Trade Call
Certifier
Cause of Death
Injury Information
Reject
Signatures
Registrar
Flags
Supernicar
FIPS

Deceased Info

*Funeral Home Name
Fitzhenrys Funeral Home

*Funeral Director Name
Funeral, Daran

*Zip Code
89706

*City
Carson City

*County
Carson City

First Name
Barry

Middle Name
M

*Last Name
DEEP

Suffix

*Gender
Male

*Date of Death
07/04/2024

Date Body Picked Up
07/04/2024

*Date of Birth
12/24/1989

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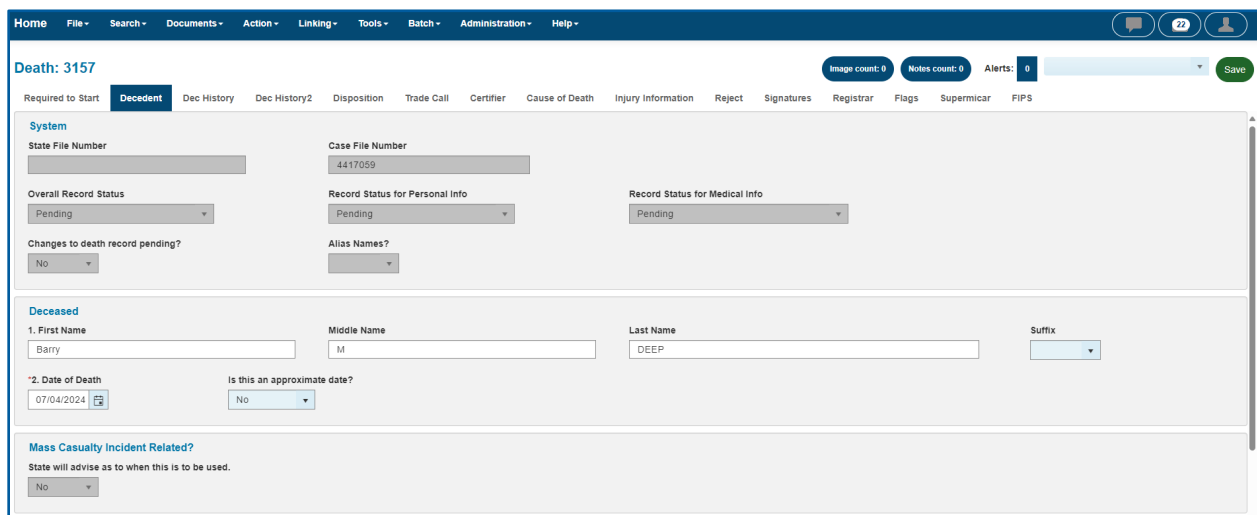
If any of the initial information from this tab needs to be changed later, it needs to be changed from the other tabs.

Always Tab After Adding Something into a field! **Do Not Click from One Field to Another!**

DECEDENT TAB

After you tab off from the last field on Required to Start Tab You will go to the Decedent Tab. If the previous tab has been filled out correctly There will now be a Case File Number assigned to this record. You will also see a Death ID Number in the upper right-hand corner. Either of these can be used to identify a record in progress when communicating with Vital Records.

You will see the name and date of death information you entered in the Required to Start tab. That tab is now locked. Any changes that need to be made to that information will need to be changed in the following tabs. Please fill out the remaining fields, including if the Date of Death is approximate.



Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start **Decedent** Dec History Dec History2 Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

System

State File Number Case File Number
4417059

Overall Record Status Record Status for Personal Info Record Status for Medical Info
Pending Pending Pending

Changes to death record pending? Alias Names?
No

Deceased

1. First Name Middle Name Last Name Suffix
Barry M DEEP

2. Date of Death Is this an approximate date?
07/04/2024 No

Mass Casualty Incident Related?
State will advise as to when this is to be used.
No

Next you will fill in the place of death information. Start with "3b. City, Town or Location of Death" and the corresponding Zip Code. "3e. Place of Death" is the type of location the death occurred. Please select yes or no from the dropdown for "Was there a Hospice Care Program?" If yes, please select the Hospice Care Program from the dropdown. You can write in an answer if it is not in the dropdown. Select the hospital or Other Facility from the dropdown under "3c. Hospital or Other Institution." If the death occurred at Home, then you will need to enter address information in the following fields (yes, twice). If no address is available, you can use GPS coordinates or the nearest mile marker.

Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent Dec History Dec History2 Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

barry M

2. Date of Death 07/04/2024 Is this an approximate date? No

Mass Casualty Incident Related? State will advise as to when this is to be used. No

3. Place of Death

State NV Zip Code 89706

3b. City, Town, or Location of Death Carson City 3a. County of Death Carson City

3e. Place of Death Home Legacy Place of Death Home

Was there a Hospice Care Program? Yes Hospice Care Program Eden Hospice

3c. Hospital, Other Institution or Home Address 123 Main Street, Apt 4

Address 123 Main Street, Apt 4 Medical Record Number IF-KNOWN-567

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DECEDENT HISTORY TAB

Under the Decedent History Tab, you will enter the Gender Identity of the decedent. This should have auto populated based on information entered in the Required to Start tab but may be changed here until the record is signed.

Race

Box 5 is for race information. You may check all boxes that apply. We ask that before using the "Other" boxes you make certain there is not already a check box present. For instance, do not use "Other Asian" and put South Korean. The US does not distinguish between North and South Korea. Simply pick "Korea." Also, dependents of all European countries are considered "White."

Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent Dec History Dec History2 Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

Demographics

4. Gender Male

5. Race

☒ White ☐ Black ☐ Asian Indian ☐ Chinese ☐ Filipino

☐ Vietnamese ☐ Japanese ☐ Korean ☐ Hawaiian ☐ Samoan

☐ Guamanian or Chamorro

☐ Native American

Native American Tribe

☐ Other Asian

Other Asian Descent

☐ Other Pacific Islander

Other Pacific Islander Descent

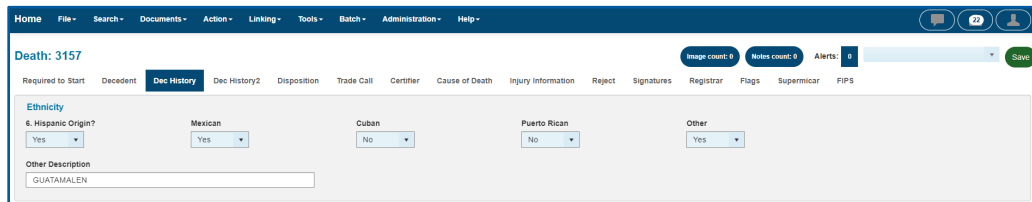
☐ Other

Other Descent

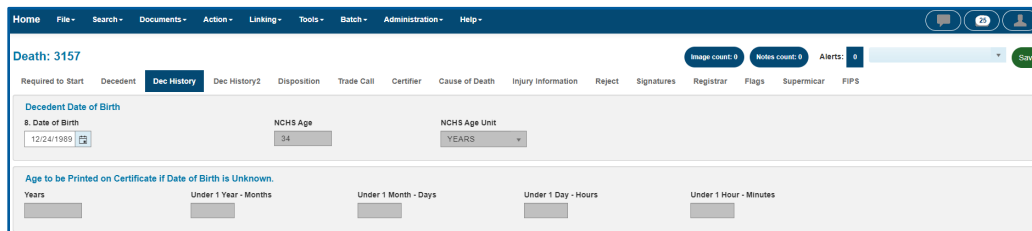
☐ Not Observable ☐ Refused ☐ Unknown

Ethnicity

You will enter if the decedent is of Hispanic Origin. Hispanic Origin is defined as being from or descended from those who came from a Spanish-speaking country. Also, Brazil but not Portugal. The question is really asking about South American ancestry. Select "yes" for all that apply and mark any that do not as "no" for any that do not.

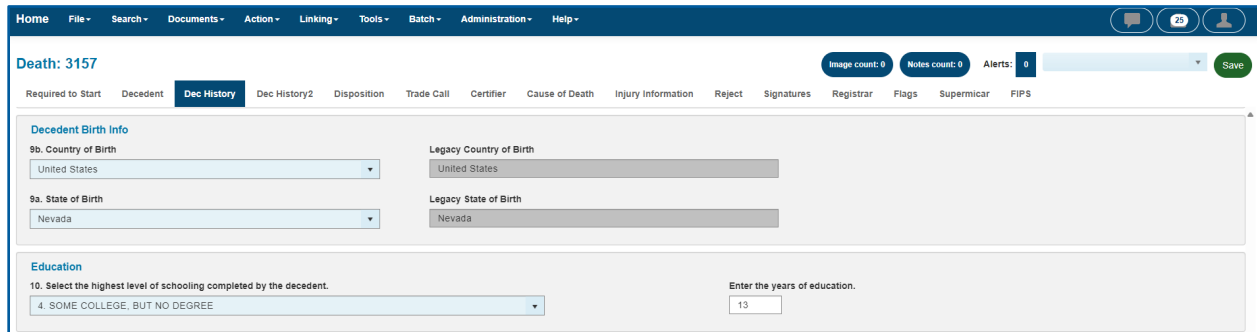


Decedent Date of Birth / Age to be Printed if Date of Birth Unknown: "8. Date of Birth" will populate from the Required to Start Tab. If a change needs to be made to Date of Birth, make it from this tab. "NCHS Age" Will be automatically calculated by using The Date of Birth and Date of Death. If the age increment is less than one year the field will open and Minutes, Hours, Days, Weeks, or Months may be used as necessary.



Decedent Birth Info: will ask you to enter in the decedent's country of birth. It defaults to United States. If the decedent was born in the US, then select the state in which they were born for box 9a. If the country of birth was not the United States, then select the appropriate country from the drop down. The country must be currently recognized by the United States Federal Government. Countries that no longer exist, or that are no longer recognized, cannot be chosen. Please see the appendices for list of recognized countries.

Education: you will enter the level of education that is most appropriate from the dropdown and then select the number of years of education including K-12 and beyond.



Marital: For Box 11 select the most appropriate marital status from the dropdown. Depending on the selection here you will have to enter the Spouses name in Box 12.

Deceased: Please enter the decedent's Social Security Number in this box. On the first save of this record the federal OVS system will verify if the First Name, Last Name, and Date of Birth Match the entered number. If you get an OVS error, you may be required to upload proof of Social Security Number into the record. Please see Uploading a Picture or Document for information on doing this. Also, please note that once a physician or coroner have signed their section of the record the social security number can no longer be changed at the Funeral Home level. It will have to be rejected back to them to change it. Please see Rejections section for details.

Occupation: You will enter the Occupation followed by the industry. A simple example of this is Occupation "Miner" and Industry "Mining." Only the general Industry and Occupation is desired. We do not want the name of the business. For example, if the decedent worked for McDonald's, you would select Fast Food. Please try and find the closest appropriate selection in the dropdown rather than writing something in.

Military: Please indicate if the decedent ever served in the US Armed Forces. Entry and discharge dates are encouraged but not required.

Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent **Dec History** Dec History2 Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

10. Select the highest level of schooling completed by the decedent. Enter the years of education.

4. SOME COLLEGE, BUT NO DEGREE 13

Marital

11. Marital Status

Divorced

12. Spouse's First Name Middle Name Last Name Prior to First Marriage Suffix

Deceased

13. Social Security Number

545-21-5468

Occupation

14a. Usual Occupation (do not use retired)

BANK TELLER

14b. Kind of Business or Industry (Not Company Name)

BANKING

Military

Ever in US Armed Forces? Entry Date Discharge Date

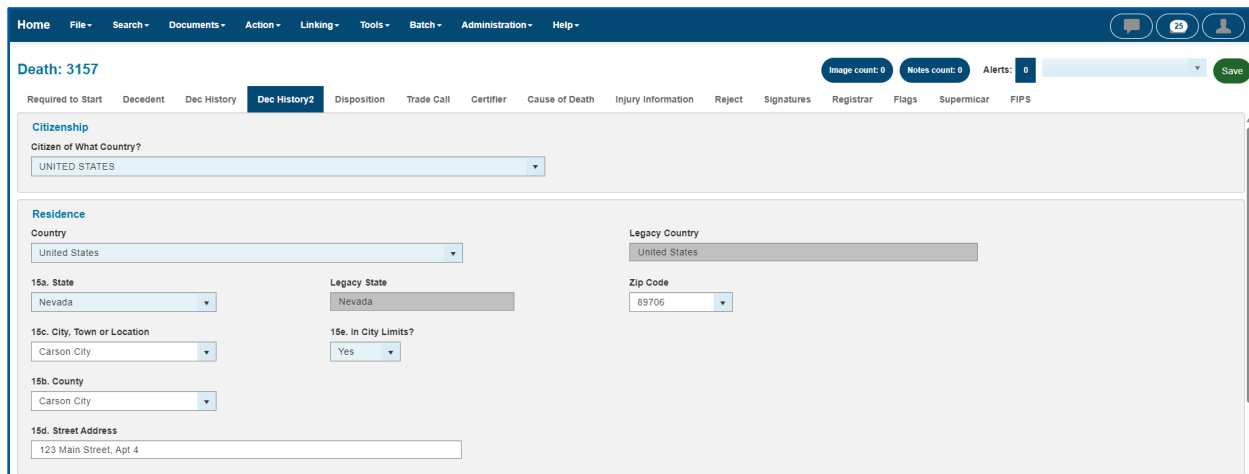
Yes

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DECEDENT HISTORY 2

Citizenship: For "Citizen of What Country," please select the country or countries the decedent was a citizen of. Multiple countries can be selected but there are rarely more than two. It will default to United States, but if a decedent had multiple citizenships which include the US the dual citizenship will begin with "United States/" and then list the other country. If the combination you need is not listed, please contact the Helpdesk. Please see Helpdesk section for details.

Residence: If Place of Death is Home, then Residence will auto populate with Place of Death information. You will still need to mark if the location was in city limits.



Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157

Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent Dec History **Dec History2** Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

Citizenship

Citizen of What Country?

UNITED STATES

Residence

Country

United States

Legacy Country

United States

15a. State

Nevada

Legacy State

Nevada

Zip Code

89706

15c. City, Town or Location

Carson City

15e. In City Limits?

Yes

15b. County

Carson City

15d. Street Address

123 Main Street, Apt 4

Parents: For "Father/Parent's Name" section, enter the decedent's parent's first and last name. The last name will check to make sure that the Last name of the parent and the decedent are the same. If they are not, override the error with Query and Verified.

Next enter the decedent's other parents full name in the "Mother/Parent's Name" section. No check will be performed on this Last Name.

Informant: For informant you will enter all information for the person providing the information about the decedent. Please choose the "Relation to Decedent" that is most appropriate. Once all information has been entered select Yes for "Informant Information Verified" and press tab.

Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent Dec History **Dec History2** Disposition Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

Parents

16. Father/Parent's First Name Middle Name Last Name Prior to First Marriage Suffix
Gusteau [] DEEP []

17. Mother/Parent's First Name Middle Middle Last Name Prior to First Marriage Suffix
Amelia [] DOWN []

Informant

18a. First Name Middle Name Last Name Suffix
Gary [] SPADE []

Relation to Decedent
Friend []

☐ Copy Decedent Address

Country
United States []

State Legacy State Zipcode City
California [] California [] 95959 [] Nevada City []

18b. Mailing Address
1324 Bonanza Blvd []

Phone Number Informant Information Verified?
(555)-684-7851 [] Yes []

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DISPOSITION

Disposition: For "19a. Method of Disposition" enter the type of disposition. NCHS only recognizes four valid types of disposition: Burial, Cremation, Donation, and Entombment. Please keep this in mind when making a selection. See Appendices for a mapping diagram. For "19b Cemetery, Crematory or Other Location" select the disposition place from the dropdown. If burial is out of state or country write in the name of the disposition place. If it is within the United States the State, Zip code, and City/Town should all be available in the dropdowns after selecting the correct state. If the disposition place is out of the country you will select unknown for State and Zip code and write in City/Town and Address.

Home File Search Documents Action Linking Tools Batch Administration Help

Death: 3157 Image count: 0 Notes count: 0 Alerts: 0 Save

Required to Start Decedent Dec History Dec History2 **Disposition** Trade Call Certifier Cause of Death Injury Information Reject Signatures Registrar Flags Supermicar FIPS

Disposition

19a. Method of Disposition Legacy Disposition
Burial [] Burial []

19b. Cemetery, Crematory or Other Location
Big Bear California Cemetery []

Country
UNITED STATES []

Cemetery/Crematory State Zipcode City/Town
California [] 95959 [] Nevada City []

Address Phone
425 Dead End Cir [] (585)-451-7999 []

Funeral Home: The Funeral Home information should auto populate based on the login information and what was selected in the Required to Start tab. If the Funeral Home and/or Funeral Director information needs to change, select the new value and go to **File > Save Without Edits** in the blue menu bar. The list of funeral directors will populate based off of the Funeral Home selected, so always change the Funeral Home Name first. Finally mark if there was a Trade Call for this decedent and press tab.

Funeral Home

20c. Funeral Home Name

Fitzhenrys Funeral Home

State

NV

City

Carson City

Zip Code

89701

Address

3945 Fairview Dr

Funeral Director Name

Funeral, Daran

License Number

FAKE1234

Phone Number

(775)-882-2644

Funeral Direct Email

test@ntst.com

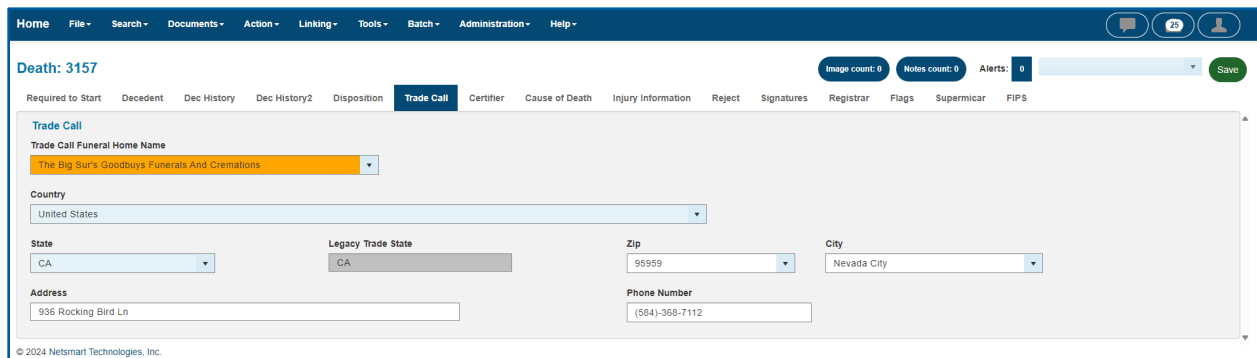
Is there a Trade Call?

Yes

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TRADE CALL

The Trade Call Tab is only filled out when a body leaves the state and has not been cremated or donated. The trade call information is not just a repeat of the disposition section, it is meant to provide information on who is picking up the body. It is not asking for the cemetery; it is asking for the Funeral Home that is taking custody of the body and transporting it to the Cemetery. This is done so that a chain of custody is available in case there is a need to trace the body's route after it has left Nevada.



CERTIFIER

Determining The Medical Certifier

The law specifically separates this duty between physicians and coroners. The determination is made by whether the death was attended or not.

Death Attended

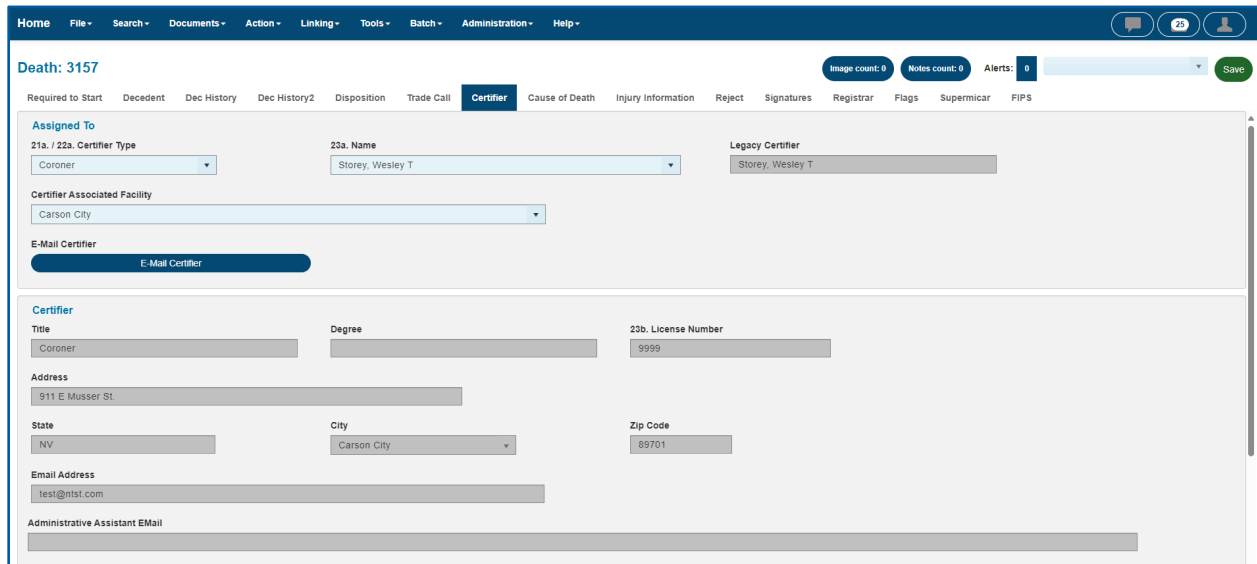
- The deceased had been examined or treated, was prescribed medications or provided care by the Physician/APRN within 180 days preceding death: OR
- Was pronounced dead by a Registered Nurse or Physician Assistant pursuant to NRS 440.415; OR
- Was diagnosed by a Physician/APRN as having an anticipated life expectancy of not more than 6 months. (NAC 440.170)

Death Not Attended

- If the deceased had been under Physician's/APRN's care but the cause of death was unrelated to the physician's or APRN's diagnosis and treatment, then the county coroner or Medical Examiner must be called in (NAC 440.180)
- The decedent passed away at home without hospice care

Assigning A Certifier

Assigned To: In box "21a/22a Certifier Type" you will select the type of certifier. The majority you will be choosing from Physician, Coroner, or Medical Examiner. After selecting the certifier type in "23a Name" find the certifier in the dropdown menu. Entering the first three letters of the last name should get you a list with the name you need in it. You will notice the Medical Certifier's information will populate in the **Certifier** section. Next you will select the certifier's location for this record from the dropdown in "Certifier Associated Facility." If you save without edits here, an email will automatically be sent to the certifier that they have a record pending. Please be aware that once a certifier signs a certificate The Name, Birthdate, Social Security Number, and Location of Death can only be changed by the Medical Certifier despite the Funeral Home having originally entered it.



Death: 3157

Image count: 0 | Notes count: 0 | Alerts: 0 | Save

Required to Start | Decedent | Dec History | Dec History2 | Disposition | Trade Call | **Certifier** | Cause of Death | Injury Information | Reject | Signatures | Registrar | Flags | Supermicar | FIPS

Assigned To

21a. / 22a. Certifier Type: Coroner

23a. Name: Storey, Wesley T

Legacy Certifier: Storey, Wesley T

Certifier Associated Facility: Carson City

E-Mail Certifier: E-Mail Certifier

Certifier

Title: Coroner | Degree: | 23b. License Number: 9999

Address: 911 E Musser St

State: NV | City: Carson City | Zip Code: 89701

Email Address: test@nls.com

Administrative Assistant Email:

Attending Physician, if Other than Certifier: This is for an attending physician who wishes to be on the record even though they are not the certifier.

21. Certifier: Enter the time of Death and if the time is approximate or known exactly.

22. Coroner: This is where the coroner enters the case number, date, and time pronounced.

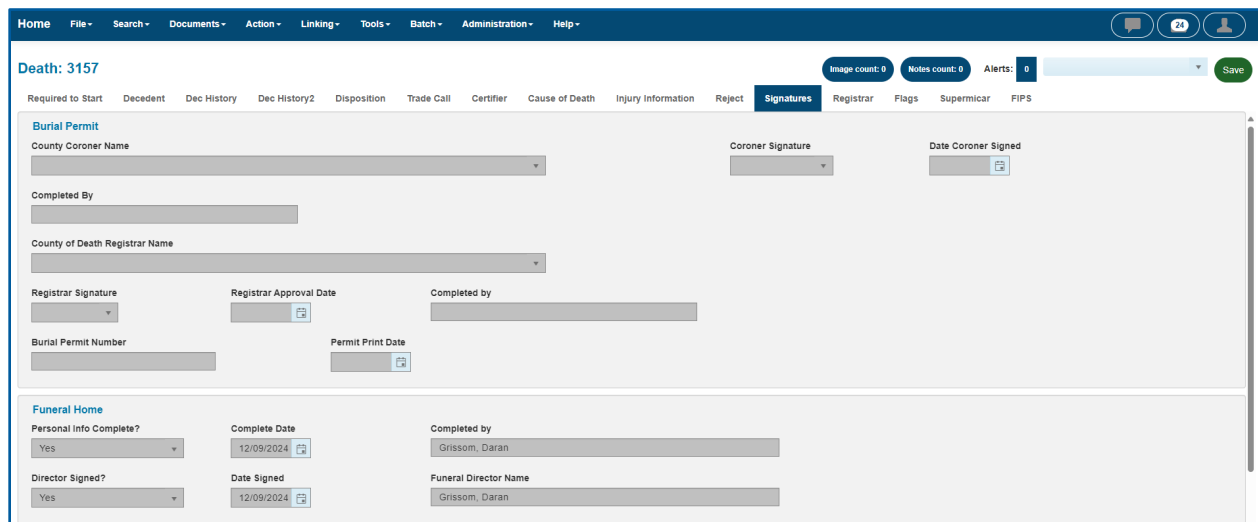
Attending Physician, if other than Certifier			
Full Name <input type="text"/>	Title <input type="text"/>	Attending ID <input type="text"/>	
21. Certifier			
Military Time of Death <input type="text" value="21:50"/>	Is this TIME approximate? <input type="button" value="No"/>	21c. Time of Death <input type="text" value="09:50 PM"/>	
22. Coroner			
Coroner Case Number <input type="text" value="Nv-Cc-01"/>	22d. Pronounced Dead <input type="text" value="99/99/9999"/>	Military Time Pronounced <input type="text" value="99:99"/>	22e. Time Pronounced <input type="text" value="9999"/>

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SIGNATURE

Burial Permit: Will indicate if a coroner has signed off on a burial permit for a pending investigation or coroner review. Below that will be the Registrar approval, signature date and Burial Permit Number. Please note that due to Nevada State Law a burial permit can only be printed once after it is approved. If another copy is needed, please contact OVRHelp@health.nv.gov to have the permit reset.

Funeral Home: "Personal Info Complete?" can be signed by **wither** a Funeral Director or Funeral Arranger if preparing the record ahead of the Director. Once marked as "yes" the "Complete Date" and "Completed By" will auto populate based on the date and person logged in.



Death: 3157

Image count: 0 | Notes count: 0 | Alerts: 0 | Save

Required to Start | Decedent | Dec History | Dec History2 | Disposition | Trade Call | Certifier | Cause of Death | Injury Information | Reject | **Signatures** | Registrar | Flags | Supermicar | PIPS

Burial Permit

County Coroner Name: [Dropdown]
 Coroner Signature: [Dropdown]
 Date Coroner Signed: [Dropdown]

Completed By: [Text Field]

County of Death Registrar Name: [Dropdown]

Registrar Signature: [Dropdown]
 Registrar Approval Date: [Date Picker]
 Completed by: [Text Field]

Burial Permit Number: [Text Field]
 Permit Print Date: [Date Picker]

Funeral Home

Personal Info Complete?
 Yes [Dropdown]
 Complete Date: 12/09/2024 [Date Picker]
 Completed by: Grissom, Daran

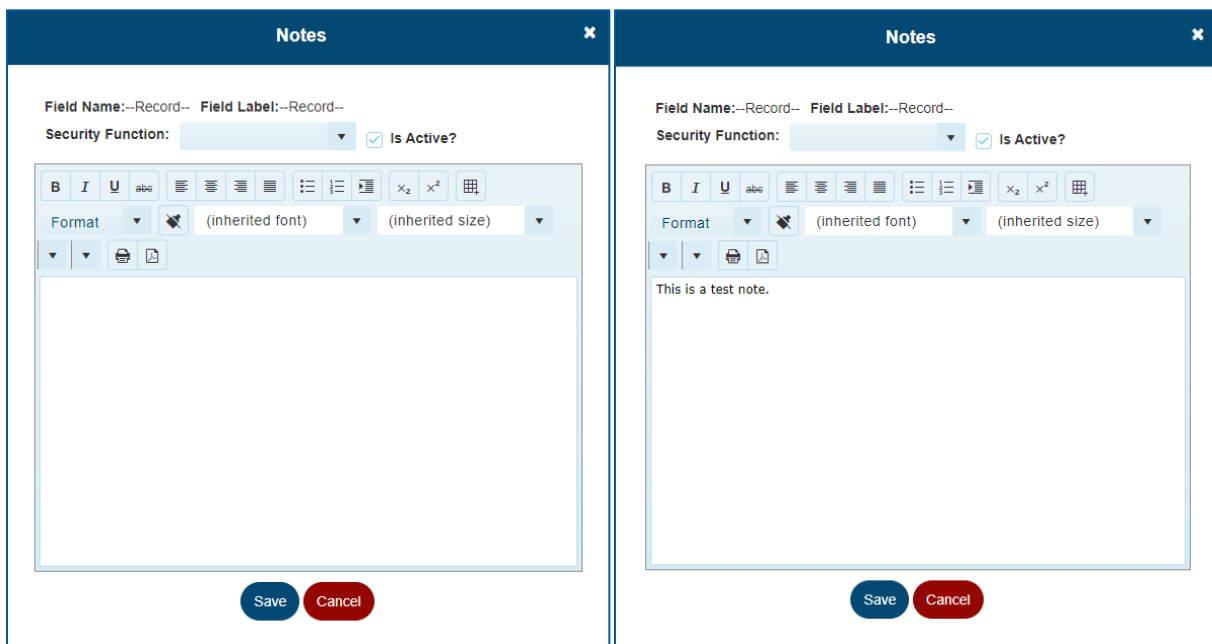
Director Signed?
 Yes [Dropdown]
 Date Signed: 12/09/2024 [Date Picker]
 Funeral Director Name: Grissom, Daran

NOTES & UPLOADING

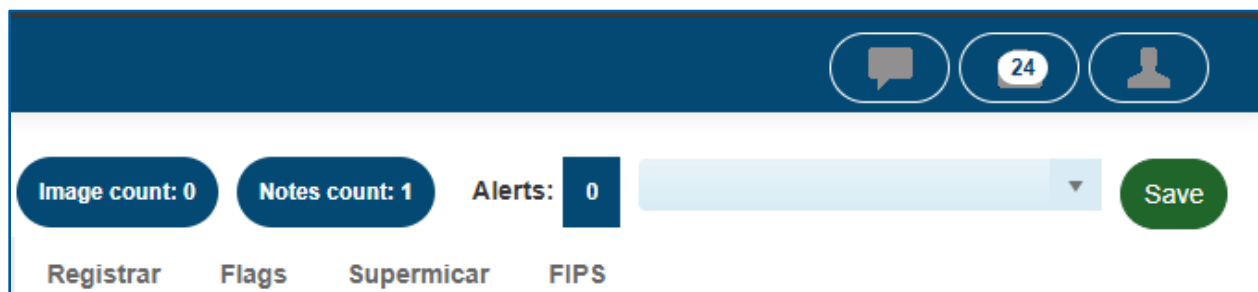
Adding A Note

From the record go to: **Action> Show Notes.**

All notes for the record will be displayed. To add a new note, click "New." Type in your note and click "Save." You can see if a note or a document has been added to the record in upper right-hand corner of the screen, next to the Alert Count.



The image shows two side-by-side screenshots of a web application's 'Notes' form. Both forms have a dark blue header with the title 'Notes' and a close button (X). Below the header, there are fields for 'Field Name:--Record--' and 'Field Label:--Record--', a 'Security Function:' dropdown, and a checked 'Is Active?' checkbox. A rich text editor toolbar is present in both, with options for bold (B), italic (I), underline (U), text color (abc), background color, bulleted list, numbered list, link, unlink, x₂, x², and table. Below the toolbar, there are 'Format' dropdowns for font (inherited font) and size (inherited size). The left form has a large empty text area. The right form has the same text area with the text 'This is a test note.' entered. At the bottom of each form are 'Save' and 'Cancel' buttons.



The image shows a summary bar at the bottom of the page. It has a dark blue header with three icons: a chat bubble, a notification badge with the number '24', and a user profile icon. Below the header, there are four buttons: 'Image count: 0', 'Notes count: 1', 'Alerts: 0', and a dropdown menu. To the right of these buttons is a green 'Save' button. At the bottom of the bar are four tabs: 'Registrar', 'Flags', 'Supermicar', and 'FIPS'.

Adding a File

There are two types of files you can upload to a record: a file, and an image.

Supported File types are Word (.docx), and Public Domain Format (.pdf)

Supported Image types are .jpg, and .png.

To upload a file, go to Actions > Upload > File or Image. Select the image or file to upload in the menu that comes up, then choose "Save to File."

REJECTING

Rejections can happen for many reasons, generally because they need clarification or revision to keep the record in line with state and federal guidelines.

The types of Funeral Home Rejections

- Funeral Home to Coroner
- Funeral Home to Funeral Home
- Funeral Home to Hospital
- Funeral Home to Physician

The Funeral Director, Certifier, or Registrar all may reject a record. If a Funeral Home finds that it needs to correct information after they have signed. they can always choose to reject Funeral Home to Funeral Home.

Death Registration Workflow Overview

