

Vital Statistics Administration

Maryland Electronic Death Registration

Funeral Director Training Guide

Completing a Certificate Started by Medical Certifier

Version 4.0

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Table of Contents

Getting Started with EDRS	3
New Users to MD-EDRS	4
Logging onto MD-EDRS	6
Completing a Certificate Started by the Medical Certifier	7
Entering the Personal Information	8
Validating the Personal Information	9
Entering and Validating the Funeral Director Information 1	10
Authenticating the Personal Information 1	11
Signing the Certificate 1	12
Printing a Working Copy of the Certificate 1	13
Printing the Burial Transit Permit 1	14
Submitting the Record to the Division of Vital Records	15
Checking on the Status of the Record 1	16

Getting Started with EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from http://www.adobe.com)
- A printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript[™]

The MD-EDRS allows some users to scan and attach documents to the electronic record. Depending on your scanner, you may be able to select the PDF format from the scanner or by selecting "Save As" \rightarrow "PDF" as the format type. Please refer to your manufacturer's instructions for additional information.

Configuring your website to allow for pop-ups will depend on the web browser that you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web-browser is allowing pop-ups.

MD-EDRS × Settings - Pop-ups and redirects × +		∨ - 0 X
	🖬 🖻 🖈	🖈 🔲 🕀 Error
𝔅 IT Master Contracts 𝔅 IT Master Contracts 🙀 Workday stateofma 𝔅 STEVE - State and T 𝔅 ohr	Pop-ups blocked:	» Cther bookmarks
	 https://evrrs.mymdthicate/76510/working_copy 	ER <u>Profile</u> <u>Logout</u>
	 Always allow pop-ups and redirects from https:// evrrs.mymdthink.maryland.gov 	
	O Continue blocking	
Sex: FEMALE Certifier Sign Status: ATT FH Transfer: SCHIMUNEK FUNERAL HOME OF BEL AIR, INC.	Manage	Amend Status: REG

For information on enabling JavaScript© please go to <u>http://www.activatejavascript.org</u> for step-by-step instructions.

New Users to MD-EDRS

- 1. After the user account is created in MD-EDRS, the user will receive two emails from identity@mymdthink.maryland.gov
- 2. If you do not receive the 2 emails from <u>identity@mymdthink.maryland.gov check your</u> <u>SPAM folder. If not found, contact edrs.help@maryland.gov</u>
- 3. One email provides the **1** user name for their new MD-EDRS account and the second email provides the **2** activation link that they will click on to activate their account.



4. Upon clicking on the 'Activation Link' the user will be taken to the 'Maryland Electronic Vital Records Registration System.



- 5. Review the new password policy rules as stronger passwords are now required::
 - * The new password must be between fourteen (14) and twenty (20) characters.
 - * The new password must contain at least two of each of the following:
 - * a. Uppercase letters.
 - * b. Lowercase letters.
 - * c. Numbers.
 - * d. Special characters. ~!@#\$%^*_+-={}/][:;?,.
 - * The new password cannot contain blank spaces.
 - * The new password must not contain your Username or your first and last name.
 - * The new password must differ from your previous password by at least two (2) characters.
 - * The new password cannot be any one of your previous twenty four (24) passwords
 - * The new password cannot be a password that has been used in the last twelve months. (example only: Rec!OrDer?2531*\$)

6. After reviewing the new password policy rules, enter your user name and new password and click "Submit'



7. Upon successful activation, the user will see a screen confirming the activation of their account and they can then click on 'Sign In'.



Logging onto MD-EDRS

- 1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: https://evrrs.mymdthink.maryland.gov/
- 2. Enter the username which has been assigned to you and the password that you created. Then click "SIGN IN."

https://access.mymdthink.maryland.gov/					* 🛛 🕘 🗉
cces 🔇 🄇 myMDTHINK Acces 🔓 Google Account					
					Vital Stat
Maryland El	ectronic	Vital	Records	Regist	ration
	Use	r Name			
	Pas	sword			
			SIGN IN		
					-

3. Once you are logged in, the screen below will appear:

	ng 🔻 Help References 🔻							
No default search	n filter found							
earch Filter								
Search Reset	Saved Filters: 🔻 Filter Name:	Load	🖶 Save 💌					
Last Name:	First Name:			Pending SR Review	Only			
KA Last Name:	AKA First Name:	· · ·	Amended Last Name:		Amended First Name:			
DTN:	Certificate Number:		SFN:		Hospital Facility:	Select Hospital Facility		-
DIN								
DOD From:	DOD To:		Dod Range:	Select Range -	ME Ref #:			
	DOD To:		Dod Range: Creation Range:		ME Ref #: MI Review:	Select Status 💌	ME Unreg Amend Only	
DOD From:			Creation Range:	Select Range 💌	MI Review:	Select Status 💌	ME Unreg Amend Only Amend Status:	Select Status •

Completing a Certificate Started by the Medical Certifier

1. If the Medical Certifier has started the death record, search for the NAME of the decedent as shown on the screen below. Once your funeral home has been granted access by the Medical Certifier, the death record will appear.

ficates + Repo	orting • Help Referenc	es =						
arch Filter								
Search Reset	save 🔹	ilter Name:	Load	Save 💌	1			
Last jones	Fin		Pendir	g SR Review On	ly			
AKA Last	AKA Fin	st	Amended	^	mended First			
ame:	Name Certificat		Name:		Name:			
DTN:	Number		SFN:		racility:	t Hospital Facili	ity	
DOD rom:	DOD TO	. 0	Range: Dod Select	Range •	ME Ref			
ation from:	Creatio To			Range •	MI Selec	t Status 🔻	ME Unreg Amend Only	
Date rom:	SR Dat	e	SR Date Select	Range 🔻		t Status 🔻	Amend Status	Select Status 🔻
ecord Select	Status V Workflow	C Select Status	Certifier Sign Select Status:	Status 🔻	Gounter Sign Select Status:	t Status 🔻	Amend Workflow	Select Status V
arch Results								
stom Column:	Subm MI Date ME	Ref Date Subm SR (Date Amnd Reg D	ate SR Date				
		14 .	* 1 == ==	20 •	Display	ing rows 1 to 1	of 1	
Last Name	First Name	Date of Death	O MI Review	Status 🗘	ME Status	Certificate	Number	tus 🗘 Amend Status
ONES	ADAM	12/01/2014	NOT SUBM		NOT REF	28	INC	(-)

2. Click on the decedent's name to open the record.

DOD From:	- Later	DOD To:	6			Select		<u>.</u>	#:							
From:		Creation To:	0			Select			MI Sele	ect Statu	s 🔻	ME	Unreg Amend Only			
R Date From:	0	SR Date To:	0		SR Date Range:	Select	Range			ect Statu	s 🔹		Amend Status	Select St	atus 🔹	
Record Select S	Status 🔹 🔐	DC S	Select Statu	IS V			Status		Sign Sele	ect Statu	s 🔻		Amend Workflow	Select St	atus 🔻]
earch Results					Status:			Stat	tus:							
earch Results				sR Date	_	nnd Reg Da	ite SR		tus:							
earch Results			Date Subm		_	nnd Reg Da	_			ying rov	vs 1 to 1 o	of 1				
earch Results		ME Ref	Date Subm	n SR Date	e An	Concession in the local division of	20	Date		ying rov	vs 1 to 1 c	2012-01-0	Record Star	tus 🗘	Amend	Status

3. If you selected the wrong record, click on <u>Certificates</u> and then on "Find Certificate" to return to the search screen.

Maryland Electror	i eath Registration System 🛶	
Certificates - Reporting - Help	ites 🔻	
Create Certificate	Validation Save [F8]	
Find Certificate Middle Name: -	Last Name: BRITTLE 2. Date of Death: 12/03/2014 6.	5. Sex: MALE Certificate: 140 Status: INC
 Decedents AKA if applicable If applicable, prior to first marriage 	Middle Name:	
5. Social Security Number 6. Sex: MALE 8. Date of Birth: (MALE 7. Age Type:	Last Girth Name: Suffix: •	

Entering the Personal Information

1. The <u>Personal Information</u> screen below will appear and you can enter the information in the fields. This is the same information that you currently fill out on the existing paper copy of the Death Certificate. Make sure to save the information frequently by clicking the <u>Save [F8]</u> tab at the top of the page.

Maryland			<u>Profile</u> <u>Logout</u>
Certificates 👻 Reportin	g • Help References •		
✓ Certificate Options			
View Status	Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: INC
Save	pplicable First Name:		
Grant Access	Middle Name:		
Refer to ME	Last Name: Suffix: 🔻		
Request SSN Verification	to first marriage First Name: 7 Middle Name:		
Authenticate PI	Last (Birth) Name: Suffix: -		
Sign FD	MALE		
Submit MI for SR Review	DD/YYYY): 12/01/1952 @ ?		
View/Edit Signatures	TEARS Vears: 62		
	ess Type: US STATE 🔻 🕴 State: Maryland 🔻		
Drop to Paper	Decedent: Address US STATE 🔻 State: 🔻 🕈		
Print Working Copy	2		
10c. City, Town, or Lo	ation WEST ASTER ?		
10d. Inside City Limits			
10e Street Number:	123 Street Name: MAIN ST. Apt/Suite/Unit: 158		
10f. Zip Code	21111 - 2		
Personal Information	Medical Information Funeral Director Certificate View		

**NOTE: There are minor changes to a few of the fields on the certificate, such as race and education. Click the presence to the field and you will be given additional information on how to complete the item.

Validating the Personal Information

1. Next, click on the <u>Validation</u> tab and then on "Validate PI" to check for any errors (it may take a moment for the information to be validated).

				· · · · · · · · · · · · · · · · · · ·			—
Ma		ic Death P	gis	tr [.] .on System			
Certif	icates 👻 Reporting 👻 Help Refere	nces 👻					
▼ Cer	tificate Options • Permit Options	✓ Validation Save					
1. First	t Name: DONALD Middle Nam	• Validate PI	IR	2. Date of Death: 11/03/2014	6. Sex: MALE	Certificate: 48	Status: SUBM
1.	Decedents AKA if applicable	Validate MI					
		▶ Validate FD					
		Validate All	iffix:	-			
	If applicable, prior to first marriage	Medical Spell Check					
		Last (Birth) Name:	suffix:	-			
5.	Social Security Number 38470274	4 🕴					
6.	Sex: MALE?						
8.	Date of Birth: (MM/00/00): 11/15/19	77 🕴					
7.	Age Type: AGE YEARS ?						
9.	Place of Birth. Address Type: US S	TATE 7 State: Florida					

If any errors are found, they will be listed on the screen in red and should be corrected.

Μ				n Regin	tration Sys				
Ce	ertific	cates • Reporting • Help Refere	ences 🔻						
	Cert	ificate Options	▼ Validation	[F8]					
1.	First	Name: PEANUT Middle Nam	ie: M	ne: BRITTLE	2. Date of Death: 12	/04/2014	6. Sex: MALE	Certificate: 72	Status: INC
E		nformant First Name is required, informant City is required, informant Street Name is required, informant Aleter Name is required, informant Address Type is required, informant Address Type is required, informant's Relationship (Field 20b) is	required.						
Г		Decedents AKA if applicable	First Name:			٦.			
	1.	Decedents AKA if applicable		L					
			Middle Name:						
			Last Name:			Suffix: •			
		If applicable, prior to first marriage	First Name:			7			
			Middle Name:						
			Last (Birth) Name:			Suffix: •			
	5.	Social Security Number 3847027	'83 ?						

2. Once the corrections are made, select "Validate PI" again in order to be sure that all errors have been corrected. The message "Successfully Validated Personal Information" will appear if there are no errors.

Maryland Electronic	- Death Regis	t don Syste	m	Walaama 600		
	- Death Regis	cion Syste				<u>)file Logout</u>
Certificates Reporting Help References	•					
← Certificate Options ← Permit Options ←	▼ Validation Say					
1. First Name: ADAM Middle Name: ROBER	RT Last JONES	2. Date of Death: 12/01/2014		6. Sex: MALE	Certificate: 28	Status: INC
Successfully validated Personal Information	on.					
1. Decedents AKA if applicable First N	Name:]?			
Middle	e Name:					
Last Na	Name:		Suffix: 🔻			
If applicable, prior to first marriage First N	Name:		7			
Middle	e Name:]			
Last (B	(Birth) Name:		Suffix: 🔻			
5. Social Security Number 123456879	7					
6. Sex: MALE	۲					
8. Date of Birth:(MM/DD/VVV): 12/01/1952	🗇 🕈					
7. Age Type: AGE YEARS 🔻 🕴	Years: 62					
9. Place of Birth. Address Type: US STA	ATE 🔻 🕴 State: 🕅	/aryland 🔹				
Personal Information Medical Information	Funeral Director Certificate	View	▼ 2			

Entering and Validating the Funeral Director Information

1. Go to the <u>Funeral Director</u> tab near the bottom of the page and enter the required information.

Certificate Options - Permit Options - Validation Save IF8	-			
Certificate Options + Permit Options + Validation Save [F8] rst Name: ADAM Middle Name: ROBERT Last Name: JON		6. Sex: MALE	Certificate: 28 Statu	s: INC
13.a. Hethod of Disposition:	street Name:	Apt/Suite/Unit:		
State:	et Name:	Apt/Suite/Unit:		

2. When all information on this tab has been entered, click on the <u>Validation</u> tab near the top of the page and then on "Validate FD" to check for any errors (you may have to wait a moment for the information to be validated).

·····		
Maryland Electroni	c Death Registration System	
Certificates * Reporting * Help Referen	ces •	
Certificate Options Permit Options	* Validation	
1. First Name: PEANUT Middle Name	Validate PI TLE 2. Date of Death: 12/04/2014	6. Sex: MALE Certificat
21a. Method of Disposition: Surial Cremation Don ther (plass specify): 21b. Place of Disposition (insure of emette 21c. Date of Disposition (insurement 21d. Address Type: US STATE	Validate All Medical Spell Check 12/2014 State: Louisiana	
Street Number: 83787 City, Town: new orleans Zip Code 28734 - 22c. Funeral Facility Name: METROPC State: Maryland •		

Any errors found will be listed on the screen and should be corrected. The "Validate FD" button should be clicked again to be sure there are no additional errors. The message "Successfully Validated Funeral Director Information" will appear once the information has been validated. Remember to click on the <u>Save[F8]</u> tab in order to save the record.

Maryland Electronic Death Registration System 🐘 🦤		
Certificates * Reporting * Help References *		
Certificate Options F Permit Options Save [F8]		
1. First Name: PEANUT Middle Name: M Last Name: BB17 Ocath: 12/04/2014 6. Se	ex: MALE	Certificate: 72
Successfully validated Funeral Home Information.		
21a. Method of Disposition: Burial Creanation Denation Entombernet Removal from State Other (please specify):		

Authenticating the Personal Information

1. You are now ready to authenticate the Personal Information. Click on the <u>Certificate</u> <u>Options</u> tab and then "Authenticate PI".

Certificates * Reportir	g ▼ Help References ▼		
✓ Certificate Options			
View Status	Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: INC
Save	pplicable First Name:		
Grant Access	Middle Name:		
Refer to ME	Last Name: Suffix: 🔻		
Request SSN Verification	io first marriage First Name: 7 Middle Name: 7		
Authenticate PI	Last (Birth) Name: Suffix: ▼		
Sign FD	MALE 🔻		
Submit MI for SR Review	DD/YYYY): 12/01/1952 💼 🕴		
View/Edit Signatures	TEARS Vears: 62		
Drop to Paper	ess Type: US STATE 🔻 🕴 State: Maryland		
Print Working Copy	Decedent: Address Type: US STATE V State:		
10c. City, Town, or Lo	cation WESTMINSTER ?		
10d. Inside City Limits			
10e Street Number:	123 Street Name: MAIN ST. Apt/Suite/Unit: 158		
10f. Zip Code	21111?		
Personal Information	Medical Information Funeral Director Certificate View		

2. The following screen will appear. Check the box "Yes" and then "Continue".

Maryland Electronic Death					
Certificates • Reporting • Help References •					
Authenticate Personal Information					
To authenticate the Personal Information section, confirm the validation, you will return to the view record screen where you		ck Continue. This will lock the Personal Infor	mation fields. If the record	s fails the Perso	nal Information
1. First Name: ADAM Middle Name: ROBERT	Name: JONES 2. Date of Death	12/01/2014	6. Sex: MALE	Certificate: 28	Status: INC
I, SCOTT RUDDICK communication data is o	complete and accurate to the best of my k	nowledge:			
✓ Continue Ø Cancel					
	М	D-EDRS 2015			
	Help Contact Us	About MD-EDRS Privacy Policy			

3. You will receive a message that the Personal Information has been successfully authenticated.

					welcome, Iv		
ertifi	icates • Reporting • Help Refer	ences *					
Cer	tificate Options 🔍 👻 Permit Options	Validation	Save (F8	1			
lirst	Name: PEANUT Middle Nar	me: M Last Nam	e: BRIT	TLE	6. Sex: MALE	Certificate: 72	Status: INC
	Successfully authenticated Personal	information.					
1.	Decedents AKA if applicable	First Name: Middle Name:	7				
1.	Decedents AKA if applicable	First Name: Middle Name: Last Name:	7 Su	ffu:			
1.		First Name: Middle Name: Last Name:	? Su	ffs:			
1.	Decedents AKA if applicable	First Name: Middle Name: Last Name: First Name:	7	ffer:			
1.	Decedents AKA if applicable	First Name: Middle Name: Last Name: First Name: Middle Name: Last (Birth) Name:	7				

Signing the Certificate

1. The next step is to sign the record as the Funeral Director. Click on <u>Certificate Options</u> and then "Sign FD."

Maryland	Electronic Death Paration System		Profile Logout
Certificates 👻 Report	ing 👻 Help Reference		
✓ Certificate Options	v Validation Save [F8]		
View Status	Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: INC
Save Grant Access	oplicable First Name: ? Middle Name: Last Name:		
Refer to ME	to first marriage First 1 7		
Request SSN Verification	Last (Birth) Name: Suffix:		
Sign FD	1ber 123456879 💈		
Submit MI for SR Review	MALE ? >D/YYYY): 12/01/1952 ?		
View/Edit Signatures	'EARS ?		
Drop to Paper	ess Type: US STATE ? State: Maryland		
Print Working Copy	Decedent: Address Type: US STATE State: ?		
10c. City, Town, or L	ocation WESTMINSTER ?		
10d. Inside City Limi	ts: NO 🖗		
10e Street Number:	123 7 Street Name: MAIN ST. Apt/Suite/Unit: 158		
10f. Zip Code	21111 - 🕴		
11. Marital Status:	7		
Personal Information	Medical Information Funeral Director Certificate View		

2. The following screen will appear. Check the box "Yes" and "Continue".

Maryland I													
Certificates • Reporting • Help References •													
Sign Funeral Serv	Sign Funeral Service Licensee												
To sign as the Funeral Se	rvice Licensee or Agent, conf	irm below and click the co	ontinue button.										
1. First Name: ADAM	Middle Name: ROBERT	Last Name: JONES	 Date of Death: 12/01/2014 	6. Sex: MALE C	ertificate: 28 Status: INC								
	Hete Licensee or F	Service Licensee's agent	t. I confirm the Decedents demographic information and disposit	tion information is correct and accurate to the	best of my knowledge.								
Continue	1												
			MD-EDRS 2015										
			Help Contact Us About MD-EDRS Privacy Policy										

You will receive a message that the Certificate was successfully signed.



Printing a Working Copy of the Certificate

1. Print out a final working copy of the death certificate by clicking on <u>Certificate Options</u> and then "Print Working Copy."

Maryland	Electronic Death egistration System wetcome, r		
Certificates 👻 Reportir	ng • Help Ref		
✓ Certificate Options	ermit Options Validation Save [F8]		
View Status	Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6.	Sex: MALE Certificate: 28	Status: INC
Save Abandon Certificate	rst Name: ADAM ? Iddie Name: ROBERT		
Grant Access	ast Name: JONES Suffix:		
Refer to ME	(DD/YYYY): 12/01/2014 🕴		
Request SSN Verification	CAROLINE T		
Attest Certifier	INPATIENT 🔻 🍞		
Submit MI for SR	- 1		
Review Edit Decedent Name	t institution, give street and number):		
Edit Date of Death			
View/Edit Signatures Drop to Paper Print Working Copy	all most restse, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as ca monilation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line al lines if necessary.	ardiac arrest, respiratory Betww Onset Death	al en
Immediat	te Cause (Final disease Or condition resulting in death) a.	4 YRS	**
	Due to (or as a consequen	ce of):	

**NOTE: Printing on legal sized paper (8 $\frac{1}{2}$ x 14) will make the certificate easier to view, although letter sized paper (8 $\frac{1}{2}$ x 11) may also be used. Remember to enable popups on your web browser in order to view and print the death certificate.

A copy of the information that has been entered may be viewed at any time by clicking "Certificate View" near the bottom of the screen.

	ate Options	 Permit Opt 									
First Nam	e: ADAM	Middle Name	e: ROBERT	Last N	lame: JONES	2. Date of	Death: 12/01/2014	-	6. Sex: MALE	Certificate: 28	Status: COMP
Certif	icate Vie	w									
Enla	arge Redu	ce									
	Printed on 12/0	02/2014 16:14:35		Certificate	e of Death Printed E	ly RUDDICK, SCO	DTT (SRUDDICK)				
		ne, AKA Name (Kany)		Certificate	e of Death Printed E	ly RUDDICK, SCO File Numbe 2. Date of Death 12/01/2014	OTT (SRUDDICK) er 3. Time of Death 0100				
	1. Decedent's Nam	ne, AKA Name (Kany)		Certificate	40. City, Town or Location	2. Date of Death 12/01/2014	3. Time of Death				
	1. Decedent's Nam ADAM ROBER	ne, AKA Name (Yany) I'T JONES	6. Sex.	Certificate		2. Date of Death 12/01/2014	3. Time of Death 0100				
	1. Decedent's Nam ADAM ROBER 49. Facility Name	ne, AKA Name (Fany) IT JONES Number	6. Sex M 10b. County		4b. City, Town or Location	2. Date of Death 12/01/2014 of Death 9. Birthplace MARYLAND	3. Time of Death 0100				
	1. Decedent's Nam ADAM ROBER' 4e. Facility Name 5. Social Security 1 123456879	ne, AKA Name (Yany) I'T JONES Number			4b. City, Town or Location 8. Date of Birth 12/01/1952 10c. City, Town or Location	2. Date of Death 12/01/2014 of Death 9. Birthplace MARYLAND	3. Time of Death 0100 4c. County of Death CAROLINE 10d. Inside City Limits?				
	Decedent's Nam ADAM ROBER' 40. Facility Name 5. Social Security 1 123456879 User Residence of 10a State	ne, AKA Name (ramy) IT JONES Number AB0055xx			4b. City, Town or Location 8. Date of Birth 12/01/1952 10: City, Town or Location WESTMINSTER	2. Date of Death 12/01/2014 of Death 9. Birthplace MARYLAND	3. Time of Death 0100 4c. County of Death CAROLINE 101. Inside City Limits? NO 102. Zip Code 21111				
	Decedent's Name ADAM ROBER 46. Facility Name 5. Social Security I 123456879 10a State 10a Address 123	ne, AKA Name (ram) T. JONES Number (Coordan) I MAIN ST. 158	10b. County 12. Ever in U.S. Armed Forces?	7. Age 62 YR	40. City, Town or Location 8. Date of Birth 12/01/1952 100. City Town or Location WESTMINSTER 7 NO	2. Date of Death 12/01/2014 of Death 9. Birthplace MARYLAND	3. Time of Death 0100 4c. County of Death CAROLINE 101. Inside City Limits? NO 107. Zip Code 21111 AWAILAN				

Printing the Burial Transit Permit

1. The Burial Transit Permit can be printed once the death certificate is complete. Click on the <u>Permit Options</u> tab and then on "Print Official Permit Copy."

Maryland Electronic D In Registration System		<u>Profile</u> <u>Logout</u>
Certificates • Reporting • Help Reference		
Certificate Options Validation F8]		
1. First Name: ADAM Print Working Permit Ame: JONES 2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: SUBM
Decedents AKA I Print Official Permit Copy e; Suffix;		
If applicable, prior to first marriage First Name: 7 Middle Name:		
Last (Birth) Name: Suffix:		
5. Social Security Number 123456879		
6. Sex: MALE?		
8. Date of Birth:(MM/DD/YYY): 12/01/1952 7		
7. Age Type: AGE YEARS ?		
9. Place of Birth. Address Type: US STATE 7 State: Maryland		
10a. Usual Residence of Decedent: Address Type: US STATE State:?		
10b. County: CARROLL ?		
10c. City, Town, or Location WESTMINSTER ?		
10d. Inside City Limits: NO ?		
10e Street Number: 123 ? Street Name: MAIN ST. Apt/Suite/Unit: 158		
10f. Zip Code 21111 - 🕈		
11. Marital Status:		
12. Was Decedent Ever in U.S. Armed Forces: NO ?		
13. Was Decedent of Hispanic Origin NO ?		
Personal Information Medical Information Funeral Director Certificate View		

**NOTE: A "Working Permit Copy" of the Burial Transit Permit can be printed while you are preparing the death certificate.

The document shown below will be printed:

			Transit Permit ny remains to destination	n File Number		
1. Decedent's Name, AKA Name (# a ADAM ROBERT JONES	any)			2. Date of Death 12/01/2014	3. Time of Death 0100	
4a. Facility Name			4b. City, Town or Location	of Death	4c. County of Death CAROLINE	
5. Social Security Number 123456879	6. Sex M	7. Age 62 YR	8. Date of Birth 12/01/1952	9. Birthplace MARYLAND	•	
Usual Residence of Decedent 10a.State	10b. County		10c. City, Town or Location WESTMINSTER	1	10d. Inside City Limits NO	
10e. Address 123 MAIN ST. 158	3				10f. Zip Code 21111	
11. Marital Status	12. Ever in U.S. Armed Forces? NO			14. Race JAPANESE, HA	14. Race JAPANESE, HAWAIIAN	
15. Decedent's Education BACHELOR	I	16a. Decedent's Usual Occupation 16b. Busines TEACHER 18. Mother's Name Prior to First Marriage ANNE MARIE GREEN				
17. Father's Name ROGER LAWRENCE JONES	3					
19. Surviving Spouse's NameBAR	BARA LYNN JONES					
20a. Informant's Name BARBARA LYNN JONES		20b. Informant's Relationship WIFE	20c. Informant's Mailing Ad 123 MAIN ST. 158, WE		21111	
21a. Method of Disposition BURIAL	21b. Place of Disp DRUID HILL CE		21c. Date of Disposition 12/02/2014	21d. Location 1 OLD COURT 21209	RD, BALTMORE MD	
22a. Signature of Funeral Service L SCOTT A RUDDICK	icensee E	22b. License No 9999	22c. Name and Address of RUDDICK FH 58 FUNERAL HOME F		40,2%21%	

Submitting the Record to the Division of Vital Records

1. In order to file the death certificate with the Division of Vital Records, click on the <u>Certificate</u> <u>Options</u> tab and "Submit to Registrar."

Maryland	Elect		Deat	h Regis	strati	on Syst	em	Welcome,		Profile L	ogout
Certificates 👻 Report	ing 👻 '	erences 👻									
✓ Certificate Options	Permit O	ptions 🔹	Validation	Save [F8]							
View Status	Middle Nan	me: ROBERT	Last N	ame: JONES	2. Date of	Death: 12/01/201	4	6. Sex: MALE	Certificate: 28	Status: COM	1P
Save											
Grant Access								 			
Refer to ME											
Request SSN Verification								 			וור
Submit MI for SR Review											
Submit to Registrar											
View/Edit Signatures											
Drop to Paper	1014 16:35:33		Certificate	of Death Printed By	RUDDICK, SCO File Numbe	TT (SRUDDICK)					
Print Working Copy	AKA Name (Yany) ONES				2. Date of Death 12/01/2014	3 Time of Death 0100					
43. Pacety Nam	-			4b. City, Town or Location of	f Death	4c. County of Death CAROLINE					
5. Social Securi 123456879	ity Number	6. Sex M	7. Age 62 YR	8. Date of Birth 12/01/1952	9. Birthplace MARYLAND						
Usual Residence 10a State		10b. County		10c. City, Town or Location WESTMINSTER	2	10d. Inside City Limits? NO					
	23 MAIN ST. 158					10f. Zip Code 21111					
11. Marital Stat	205	12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin	7 NU	14. Race JAPANESE, HA	WAIIAN					
Personal Information	Medical Infe	ormation	Funeral Direc	ctor Certificate	e View stade	istry					,

2. When the following screen appears, check the box "Yes" and "Continue."

Maryland Electronic D					
Certificates • Reporting • Help vences •					
Submit Certificat	ır				
To submit the composition certificate for state registra	ition, confirm that you wi	sh to submit it and click the Continue button.			
1. First Nam Middle Name: ROBERT	Last Name: JONES	 Date of Death: 12/01/2014 	6. Sex: MALE	Certificate: 28	Status: COMP
OTT RUDDICK, confirm that I wish to submit this co	ertificate to the Registrar at th	is time. The information is complete and accurate to the best of my knowledge.			
		MD-EDRS 2015			
		Help Contact Us About MD-EDRS Privacy Policy			

3. You will receive a message that the Certificate has been successfully submitted for registration. The Division of Vital Records (DVR) will review the information on the Certificate and notify you if any changes are needed.

Checking on the Status of the Record

 As soon as the record has been reviewed by DVR staff and determined to be complete, the death will be registered and certified copies of certificates will be available for issuance. This will occur no later than one business day following the filing of a Certificate. You may check to see whether a certificate has been registered by clicking on the <u>Certificate Options</u> tab and "View Status."



2. Check the information on the right side of the page to see if a Certificate Number has been assigned, which indicates that the death has been registered and the Certificate is available for issuance.

	1.01.0.0			
Certificates 👻 Re	eporting 👻 Help References 👻			
Status Folder				
The Status Folder	provides an overview of the cer	tificate's status and basic deceder	nt information. Registration numbers are provided	red records.
View Certificate	@ Cancel			
Last Name:	HERMAN	Certificate Number:	4	
First Name:	ANNA	DTN:	320140000140000	
Date of Death:	11/04/2014	Registration Number:	32014MD000006	
Time of Death:	0259			
Sex:	FEMALE			
		Status Values		
Certificate:	REG SR	Funeral Director Sign:	ATT	
DC Workflow:	ELECTRONIC	Certifier Sign:	ATT	
Reported to ME:	ACC	Certifier Sign Method:	ELECTRONIC	
SR Flag:		Certifier Type:	CERTIFYING PHYSICIAN	
Duplicate Flag:	120	ME Countersign:	UN ATT	
FD Auth:	AUTH	ME Countersign Method:		
MI Review:	SUBM	SSNV Request Status	NOTREQ	
		Reasons Messages		
ME Rep	ported: DEATHS DUE TO OLD			
MI R	leview:			
	Reject:			
Register w/Exo				
SR Revier				
SF Duplicate Status	R Void:			
Duplicate Status	notes:			