

Maryland Electronic Death Registration

Funeral Director Training Guide

Completing a Certificate Started by Medical Certifier

December 2014

Version 1.0

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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 laser 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.

/land Electronic Death Registratio	The following pop-ups were blocked on this page: https://mdedrs.dhmh.maryland.gov/dev/spring/pdf/disposition/75/office_copy
Certificates ▼ Reporting ▼ Help References ▼	Always allow pop-ups from mdedrs.dhmh.maryland.gov
Certificate Options Fermit Options Validation Save [F8]	Continue blocking pop-ups
1. First Name: SMITTY Middle Name: SMYTE Last Name: SMILEY 2. Date of Death	Manage pop-up blocking Done
1. Decedent's Legal First Name: SMITTY ? Middle Name: SMYTE	
Last Name: SMILEY Suffix:	

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

Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the URL address. FOR TRAINING PURPOSES, please go to the following URL address: https://mdedrs.dhmh.maryland.gov/train. **Please DO NOT ENTER ANY REAL CASES in this location.**

The URL address to use for filing actual cases is: https://mdedrs.dhmh.maryland.gov

🖉 Google - Windows Internet Explorer	
The state of the s	
File Edit View Favorites Tools Help	🗴 🖓 Convert 🔻 🛃 Select
🔶 Favorites 🛛 🚖 🥭 Suggested Sites 🔻	

2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Passwords are case-sensitive, so it is important to remember whether the letters are uppercase or lowercase. Next, click "Login."



**NOTE: First time users will be prompted to change the password that was assigned. PLEASE MAKE A NOTE OF YOUR USERNAME AND PASSWORD AND STORE THE INFORMATION IN A SECURE LOCATION.

Once logged in, the screen below will appear:

Based Reskt Saved Filters:	earch Filter			82341		
From: Tool: Range: Decker Review: Select Status Amend Status: Select Status From: State: Select Status Tool: Base Select Status Amend Status: Sel	Last Name: AKA Last DTN: DOD From: Mone Record Calact Ctatus	Artic Name- MA First Non- Centificate DoD To: Centificate To: Set Data To: Do	Pending SR Review Amended Last Name: SRN: Dod Select Range Creation Select Range Sk Date Select Range Sk Date Select Range	Only Amended First Name: Hospital Facility: Select Hic ME Ref ME Ref ME Select Siz ME Select Siz ME Counter Sign Select Siz	atus ¥	

Completing a Certificate Started by the Medical Certifier

1. Once logged in, you will see the screen below:

Search Reset Saved Filters: First Pending SR. Review Driv Amended Amended Amended Amended Name: Certification Creation Creation Creation Status: Select Status Select Status Select Status Select Status Status: Status: Select Status Status: Status:	Search Filter										
Status: Cuitom Column: Subm MI Date KE Ref Date Schm SR Date Annot Reg Date SR Date	Last Name: AKA Last DIN: DOD From: Creation From: SR Date From:		First Name: SKA First Name: strificate Sumber: DOD To: Creation To: Sk Date To:	Last Name: SPN: Dod Range: Creation Range: SK Date Range: SK Date Range: SK Date Range: SK Date Range: SK Date Range:	Pending SR Review Select Range Select Range Select Range	Amended First Name: Hospital Facility: ME Ref 9 MI Review: ME: ME: ME: Sign	Select Hosp Select Statu Select Statu	15 ¥ 15 ¥	Amend	Status: Select S	
		Subm MI Date	NE Re' Date 5	And and a subscription of the subscription of		-	isplaying ro	ws 1 to 5 of 5			
		ADAM	12/01/2014	NOT SU		NOT SEE	28		SUBM	6	

Searching for the Record

2. 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.

ificates 👻 Repo	rting 👻 Help R	eferences 👻								
Search Filter Search Reset Last Name: Last Last Last DDN: DOD From: Roade From: Roade From: Roade Select Select		V Filter Nan First Name: AKA First Name: Certificate Number: DOD To: Creation To: SR Date To: DC Sele	An a a c c t S c t S c c c c c c c c c c c c c	Load Pending nended Last Name: SFN: Dod Select F Roate Select F Select F Sign Select S Status:	Range ▼ Range ▼ Range ▼	nly Amended First Name: Hospital Sel Facility: ME Ref #: Sel ME: Sel ME:	ect Hospital Fa ect Status • ect Status • ect Status •	ME U	Select Status Select Status	_
arch Results astom Column:	1		Subm SR Date	Amnd Reg Date						

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

DOD From:	DOC DOC	D TO:		Range:	Select Rang	e •	ME Ref						
From:	t0 Cre	ation To:	0	Creation Range:	Select hang			Select Statu	s 🔻	ME Uni	reg Amend Only		
R Date From:	SR SR	Date To:	0	SR Date Range:	Select Rang	e •		Select Statu	s •		Amend Status:	Select Sta	itus 🔹
Denned .		1		Certifier			Counter						
Record Status: Select S	Status • wor	N: Sele	ct Status	Sign Status:	Select Statu	s •	Sign Status:	Select Statu	s •	,	Amend Workflow:	Select Sta	itus 🔻
		ME Ref Date	_	Status:	Select Statu		Sign Status:	Select Statu	s *		Amend Workflow:	Select Sta	itus 🔻
Status: Oelect			_	Status:		SR Da	Sign Status:	Select Status			Amend Workflow:	Select Sta	itus 🔻
Status: Oelect		ME Ref Date	Subm SR	Status:	nnd Reg Date	SR Da	Sign Status:	splaying rov		of 1			Amend Status

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

oficates - Reporting - 1	erences *							
	it Options - Validation	Save [F0]						
d Certificate Middle	Name: - Last Name: BR	TTLE 2.	Date of Death: 12/03	/2014		6. Sex: MALE	Certificate: 140	Status: INC
Decedents AKA # applicat	le First Name:	1		7				
	Middle Name:	_						
	Last Name:			_	Suffix:			
If applicable, prior to first								
	Middle Name:	-						
	Last (Birth) Name	-			Suffix: -			
					sumixt .			
Sociel Security Number	7							
	MALE	•						
Date of Birth:	<u>m</u> 7							
Age Type:	• ?			_				
Place of Birth, Address Ty	US STATE	* 7 Stat	Q=	•				
a. Usual Residence of Deced	lent: Address Type: US ST	ATE	* State:		• 7			
b. County:	7							
e. City, Town, or Location		2						
d. Inside City Limits:								
e Street Number:	2		Street Name:			Apt/Suite/Unit:		
f. Zip Code	1.0							
Marital Status:								
Was Decedent Ever in U.S		7						
	Armed Forces:							

Entering the Personal Information

3. 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.

Certificate Options	Permit Options validation Save [F8]			
View Status	Middle Name: ROBERT Last Name: JONES 2. Date of Deatly //01/2014	6. Sex: MALE	Certificate: 28	Status: INC
Save Grant Access	oplicable First Name:			
Refer to ME Request SSN /erification	Last Name: Suffix: * to first marriage First Name: Middle Name:			
uthenticate PI ign FD	Last (Birth) Name: Suffix: - •			
Submit MI for SR Review	50/WWY): 12/01/1952 00 7 TEARS V Y Years: 62			
View/Edit Signatures Drop to Paper Print Working Copy	ess Type: US STATE			
10c. City, Town, or Loc 10d. Inside City Limits:	ston W ⁺ MINSTER 7			

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

Validating the Personal Information

4. 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).

Maryland	Electroni		h 🔽	gist	r cion System	 Welcome,		
Certificates 🔻 Report	ing 🔻 Help Referen	ices 👻 🖌						
▼ Certificate Options	▼ Permit Options	- Validation	Say [8]	1				
1. First Name: DONALD	Middle Name	Validate PI		ł	2. Date of Death: 11/03/2014	6. Sex: MALE	Certificate: 48	Status: SUBM
1. Decedents AKA		Validate MI Validate FD						
If applicable, pr	L ior to first marriage F N L	Validate All , Medical Spell (.ast (Birth) Name	Check	fix:				
5. Social Security	Number 384702744	1 7						
6. Sex:	MALE ?							
8. Date of Birth:pe	11/15/197	7 ┦						
7. Age Type: AG	E YEARS 🕇							
9. Place of Birth. A	ddress Type: US ST	ATE ? State: I	Florida					
10a. Usual Residence	of Decedent: Addres	s Type: US STA	TE State: N	iarylar	nd 🖗			

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

Maryland Electro Certificates - Reporting - Help Re						
Cestificate Options Permit Optio	ores - Validation - Sa	ave [F8]				
L. First Name: PEANUT Middle	Name: M K Name:	BRITTLE	2. Date of Death: 12/04/2014	6. Sex: MALE	Certificate: 72	Status: INC
Informant First Name is required, Informant City is required, Informant City is required, Informant Lost Name is required, Informant Mobile Name is required Informant Mobile Name is required Informant's Relationship direkt 200	4					
	_					
1. Decedents AKA if applicable	First Name:		5uffic: 1			
 Decedents AKA if applicable If applicable, prior to first marri 	Niddle Name:		7 Suffer			
	Middle Name:		7 Suffix:			
If applicable, prior to first marri	Middle Name: Last Name: age First Name: Middle Name: Last (Birth) Name!	•]7	,			

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.

	in Regration			
tificates * Reporting * Help References *				
Certificate Options + Validation	ave [F8]			
rst Name: ADAM Middle Name: ROBERT	Name: JONES 2. Date of Dea	th: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: INC
Successfully validated Personal Information.				
. Decedents AKA if applicable First Name:	1			
Middle Name:				
Last Name:		Suffix: Y		
		Sunx.		
If applicable, prior to first marriage First Name:				
Middle Name:				
Last (Birth) Name:		Suffix: 🔻		
Social Security Number 123456879 7				
sex: MALE	* 1			
Date of Birth: (www.barvvv) 12/01/1952	1			
Age Type: AGE YEARS * * Years: 62	<u> </u>			
Place of Birth. Address Type: US STATE	• state: Maryland	•		

Entering the Funeral Director Information

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

Certificates - Reporti	ing • Help References •			
Certificate Options	Permit Options Validation	Save [F8]		
First Name: ADAM	Middle Name: ROBERT Last	Name: JONES 2. Date of Death: 12/01/2014	6, Sex: MALE	Certificate: 28 Status: INC
21c. Date of Dispositi 21d. Address Type:	tion (Name of cemetery, crematory or othe	T],	
Street Number: City, Town: Zip Code 22c. Funeral Facility (Street Name:	Apt/Suite/Unit:	
State: Street Number: City, Town:	· ·	Street Name:	Apt/Suite/Unit:	

Validating the Funeral Director Information

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).

ertificates * Report	ong + Help Referen	ces =					
Certificate Options	+ Permit Options	+ Validation	Save [F8]				
First Name: PEANUT	Middle Name	Validate PI	THE	2. Date of Death- 12		6. Sex: MALE	Certifical
21a. Method of Dispo	internet in the second s	Validate MI					
	Cremetion Don	Validate FD		from State			
	ease specify):	Validate All					
21b. Place of Dispos	tion (Name of cemete	Medical Spell C	heck o HIGH	ER WAVES	7		
21c. Date of Disposit	5001		12/4/2	014 0 7			
21d. Address Type:	US STATE	7 State:	Louisiana	•			
Street Number:	83787		Street Name:	MAIN STREET	Apt/Suite/Unit:		
City, Town:	new orleans		11 1				
Zip Code	28734 -						

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.

		Some, TWO MORTH	
erblicates * Reporting * Help References *			
Certificate Options + Permit Options + Validation	Save [F8]		
First Name: PEANUT Hiddle Name: N Las	at Name: BRITTLE or of Death: 12/04/2014	6. Sex: NALE Certificate	1 72
21e. Method of Disposition: Burial Cremation Donation Ento	ombrnent 🔲 Removal from State		
Other (please specify):			
Bunial Cremation Donation Ento Other (please specify):	or other place) [HIGHER WAVES]		
Bunial Cremation Donation Ento Other (please specify): Ento Place of Disposition (Name of cematery, crematory Zic. Date of Disposition	or other place) [HIGHER WAVES] 1208/2014] # 7	Unic:	
Construction (black specify): 210. Place of Disposition (Name of cemetery, crematory 210. Date of Disposition:	or other places HIGHER WAVES	Unit:	

Authenticating the Personal Information

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

	Electronic Death Possianation System			
ertificates 🛪 Reportir	ng + Help Keterence			
Certificate Options	mit Options - Validation Save [F8]			
iew Status	Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28	Status: INC
ive	oplicable First Name:			
rant Access	Middle Name:			
efer to ME	Last Name: Suffix: V			
equest SSN erification	p first marriage Extended. 7 Middle Name:			
uthenticate PI	Last (Birth) Name: Suffix: *			
gn FD	MALE 7			
ubmit MI for SR eview	00/YYYY): 12/01/1952 00 P			
ew/Edit Signatures	EARS Vears: 62			
op to Paper	ess Type: US STATE 🔻 🔋 State: Maryland 🔻			
int 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 - 7			

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

Certificates + Reporti	ng 🔹 Help References 🕶					
To authenticate the Pers	rsonal Information	irm the accuracy of the i	estimation and click Continue. This will lock the Per	sonal Information fields. If the record	ds fails the Person	al Information
validation, you will return 1. First Name: ADAM	rn to the view record screen wi Middle Name: ROBERT	nere you can correct		6. Sex: MALE	Certificate: 28	Status: INC
I, SCOTT RUDDICK	enat the Personal Information	complete and accura	ate to the best of my knowledge.			
🗸 Continue 😔 Canc	el					
			MD-EDRS 2015			
			Help Contact Us About MD-EDRS Privacy Policy			

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

Carone	ates • Reporting • Help References •						
• Certi	ificate Options + Permit Options + Va	didation	Save (F8)				
. First I	Name: PEANUT Middle Name: M	Last Name	. BRITTLE	or Death: 12/04/2014	6. Sex: MALE	Certificate: 72	Status: INC
0 \$	incressfully authenticated Personal Informati	9H. 🦊					
-	Decedents AKA if applicable First Na Hiddle	me:	,				
1.	Decedents AKA if applicable First Na	me: Namet me: me:) Suffic:)				

Signing the Certificate

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

	Electronic Death Legistration System		
Certificates 👻 Reporti	ng - Help Refer		
Certificate Options	- Permit 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	oplicable First Name:		
Grant Access	Middle Name:		
Refer to ME	to first marriage First 2000		
Request SSN Verification	Last (Birth) Name: Suffix:		
ilgn FD	iber 123456879 7		
Submit MI for SR Review	MALE ? >D/YYYY): 12/01/1952 ?		
/iew/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 Lo	ecation WESTMINSTER 7		
10d. Inside City Limit	NO 7		
10e Street Number:	123 7 Street Name: MAIN ST. Apt/Suite/Unit: 158		
10f. Zip Code 11. Marital Status:	21111 - 7 -7		
Personal Information	Medical Information Funeral Director Certificate View		

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

Maryland					
Certificates - Reporti	ing 👻 Help References 👻				
Sign Funeral Set To sign as the Funeral S	rvice Licensee Service Licensee or Agent, confirm	a below and click the state button.			
1. First Name: ADAM	Middle Name: ROBERT	sente: JONES ite of Death: 12/01/2014	6. Sex: MALE	Certificate: 28	Status: INC
I, SCOTT RUDDICK	Service Licensee of F	-service Licensee's agent. I confirm the Decedents demographic information and disport	sition information is correct and accurate	to the best of my kno	wledge.
I, SCOTT RUDDICK		on vice Licensee's agent. I confirm the Decedents demographic information and dispo-	sition information is correct and accurate	to the best of my kno	wledge.
		Convice Licensee's agent. I confirm the Decedents demographic information and disposed of the second s	sition information is correct and accurate	to the best of my kno	vledge.

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

	ath Registration System	Welconney	
Certificates * Reporting * Help References *			
Certificate Options Permit Options - Validation	on Save Ico		
1. First Name: PEANUT Hiddle Name M	errie: BRITTLE 2. Date of Death: 12/04/2014	6. Sex: MALE	Certificate: 72 Status: INC
Successfully signed certificate.			
 Method of Disposition: Jurial Cremation Donation Entembrant Re Other (please specify): Place of Disposition (Name of cometery, cremator 21c. Date of Disposition:servery) 	ry or other place) HIGHER WAVES ?		
Purial Cremation Donation Entombment Re Other (clease specify): 21b. Place of Disposition (Name of cemetery, cremator	ry or other place) HIGHER WAYES ? 12/04/2014 ?		
	ry or other place) HIGHER WAYES ? 12/04/2014 ?		

Printing a Working Copy of the Certificate

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

Certificate Options Vew Status Modele Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6. Sex: MALE Certificate: 28 States and the set of th	Certificates - Reporti	ng • Hele •			
Save rst. Name:: ADAM ? Abandon Certificate Indde Name:: ROBERT Grant Access ASI.Name:: JONES: Save JONES::	- Certificate Options	Permit Options + Validation Save [F8]			
Mit Name: ADAM Model Name: ROBERT Grant Access ast Name: JONES Suffix: D0/YMYY: 12/01/2014 * Request SSN 0100 * Verification CAROLINE ** NPATIENT ** Submit MI for SR ** Review Institution, give street and number): Edit Decedent Name Street Name: Edit Date of Death View/Edit Signatures ain of exect street, or complications - that directly caused the death, D0 NOT enter terminal events (mode of dying), such as cardiac arrest, respirator Approximate Print Working Copy al ines if necessary. Approximate Immediate Cause (final disease Or condition resulting in death) a. UWG CANCER 4YRS	View Status	Middle Name: ROBERT Last Name: JONES	2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28 Status: INC
Grant Access Grant	Save	Irst Name: ADAM 7			
Refer to ME DD/YYYY): 12/01/2014 ? Request SSN 0100 ? Reference NPATIENT Verification CAROLINE Submit MI for SR · Verification Street and number): Street Name: Apt/Suite/Unit: Git Date of Death · Approximate Previdence Street Name: Apt/Suite/Unit: Intervide Signatures ain of event on missions - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respirator Approximate Previde Vision emission, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line Death Immediate Cause (Final disease Or condition resulting in death) a. UNG CANCER 4 YRS	bandon Certificate	tiddle Name: ROBERT			
0100 * 0100 * Verification CAROLINE * * Verification CAROLINE * * verification ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** **	Grant Access	ast Name: JONES Suffix:			
extless SNN CAROLINE	efer to ME	(DD/YYYY): 12/01/2014 7			
Approximate an of events of constitution, give street and number): teview t institution, give street and number): teview t institution, give street and number): teview t institution, give street and number): teview the street Name: the Working Copy to Paper an of events of constitution, so complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory terview throwing the eulogy. DO NOT ABBREVIATE. Enter only one cause on a line trut Working Copy the street final disease or condition resulting in death) Immediate Cause (Final disease or condition resulting in death) terview terview ter					
Approximate Interval Bain of events on which of bogs Approximate Approximate Interval Approximate Inte	ttest Certifier	INPATIENT 7			
dit Decedent Name dit Decedent Name dit Date of Death lew/Edit Signatures roop to Paper rint Working Copy tal lines if necessary. Immedate Cause (Final disease or condition resulting in death) Immedate Cause (Final disease or condition resulting in death) a. USIG CANCER 4 YRS	ubmit MI for SR	- *			
Approximate Therw/Edit Signatures Yrop to Paper Yrint Working Copy Tail lines if necessary. Immediate Cause (Final disease Or condition resulting in death)	evlew		2		
lew/Edit Signatures rop to Paper int Working Copy all ines if necessary. Timedate Cause (Final disease or condition resulting in death)	dit Decedent Name	Street Name:	Apt/Suite/Unit:		
Approximate interval all inset of exercise injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory and the etiology. DO NOT ABBREVIATE. Enter only one cause on a line all lines if necessary.	dit Date of Death				
Top to Paper Information and the set of the	iew/Edit Signatures				
Init Working Copy all lines if necessary.	rop to Paper			nts (mode of dying), such as cardiac arrest, r	
Immediate Cause (Final disease or condition resulting in death) a.	rint Working Copy		T ABBREVIATE. Enter only one cause on a line		Betwwen Onset and
Due to (or as a consequence of):	Immediat	te Cause (Final disease Or condition resulting in death)	a.	·	4 YRS

**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.

Name	: ADAM Middle N	lame: ROBERT	Last	Name: JONES	2. Date of	Death: 12/01/2014	6, Sex: MALE	Certificate: 28	Status: COM
tifi	icate View								
Enla	rge Reduce								
	Printed on 12/02/2014 16:14:30	×	Certifica	te of Death	1 By RUDDICK, SCO File Numbe				
	Printed on 12/02/2014 16:14:3 1. Detertion's Name, AKA Name (Fam- ADAM ROBERT JONES	×	Certifica	te of Death	1 By RUDDICK, SCO' File Numbe 2 Date of Death 12/01/2014	TT (SRUDDICK) // 3 Time of Deets. 0100			
	1. Decedent's Name, AKA Name (* an	×	Certifica	te of Death Printee	2 Date of Death 12/01/2014	3 Terre of Death 0100			
	1. Decedent's Name, AKA Name (Fan ADAM ROBERT JONES 45. Facility Name	97		45 City, Town or Locali	2. Date of Death 12/01/2014	3 Time of Death 0100			
	Decelent's Name, AKA Name (* an ADAM ROBERT JONES 43, Facility Name 5. Social Security Number 123456879	41 6.8ee M	Certifica	45. City, Tewn or Locals 6. Date of Birth 12/01/1952	2. Date of Death 12/01/2014 on of Death 3. Birthplace MARYLAND	3 Time of Deven 0100 4: County of Deven CAROLINE			
	1. Decedent's Name, AKA Name (Fan ADAM ROBERT JONES 45. Facility Name	97		45 City, Town or Locali	2. Date of Death 12/01/2014 on of Death 3. Birthplace MARYLAND	3 Terre of Death 0100			
	Decements Name, ArA Name, Jr. A ADAM ROBERT JONES A. Facility Name Societ Security Number 123455879 Detemporture 24 (- 0.515) Tobal The Address 123 MAN ST. 158	6, Ben M 705: County		45. City, Tewn or Locals 6. Date of Birth 12/01/1952	2. Date of Death 12/01/2014 on of Death 3. Birthplace MARYLAND	3 Time of Death 0100 4: County of Death CAROLINE 102 Inseler City Limits?			
	Decedent's Name, AKA Name (7 or ADAM ROBERT JONES 45, Facility Name 5, Social Security Number 123456870 Decement of American 155 Social	6, Ben M 705: County		45 CBy, Town or Local 5. Date of Birth 12/01/1952 1%: CBy, Town or Local WESTMINISTER	2. Date of Death 12/01/2014 on of Death 3. Birthplace MARYLAND	3 Tene of Newn 0100 41: County of Nexts CAVCC.Net 102 Tenes Org Lintes? NO 92: Eas Celo 21111			
	Decements Name, ArA Name, Jr. A ADAM ROBERT JONES A. Facility Name Societ Security Number 123455879 Detemporture 24 (- 0.515) Tobal The Address 123 MAN ST. 158	6. See M 12b. County 12b. County	7, Age 62 YR	45 CBy, Town or Local 5. Date of Birth 12/01/1952 1%: CBy, Town or Local WESTMINISTER	2 Date of Death 12/01/2014 an of Death 3 Birthpaten MARYLAND	3 Terra of Seven 100 100 10			
	Decedent's Name, ArA Rame, if an ADAM MOBERT JONES 42 Fold Nobel RT JONES 45 Fold Statement Name 5. Societ Security Number 122456527 10 100 100 100 100 100 100 100 100 100 100 10	6. See M 100: County 112: Even In U.S. Armed Forces? NO	7, Age 62 YR	45. CBy, Yews of Locals 5. Bate of Beth 12/01/1952 WESTMINSTER pr7 NO	2 Sum of Death 12012014 in of Death 7. Simplement MARPLAND in	3 Terra of Seven 100 100 10			

Printing the Burial Transit Permit

9. 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."

		c Plath	Regi	aration System				Profile Logo
tificates - Reporti	ng - Help Reference	la serie de la						
Certificate Options	✓ Permit Options	✓ Validation Sa	ve [F8]					
rst Name: ADAM	Print Working Permi	cast Name:	JONES	2. Date of Death: 12/01/2014	6	Sex: MALE	Certificate: 28	Status: SUBM
. Decedents AKA I	Copy Print Official Permit Copy	e: ? me:	Suffix:					
If applicable, pri		de Name:	Suffix:					
Social Security N	lumber 123456879		Sumx:					
. Sex:	MALE 7	S						
	12/01/1952	,						
Age Type: AG								
Place of Birth. Ad	ddress Type: US STAT	E 7 State: Marylan	d					
0a. Usual Residence	of Decedent: Address T	pe: US STATE State	7					
Ob. County: CARR	OLL ?							
Oc. City, Town, or Lo	ecation WESTMINSTE	R 7						
0d. Inside City Limit	s: NO 7							
0e Street Number:	123 🕴	Street Name:	MAIN ST.	Apt/Suite/Unit: 158				
of. Zip Code	21111 - 7							
1. Marital Status:		7						
	ver in U.S. Armed Forces	NIG .						

**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		
			,	File Number	
1. Decedent's Name, AKA Name (# 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	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		10d. Inside City Limits? NO
10e. Address 123 MAIN ST. 158	3				10f. Zip Code 21111
11. Marital Status	Status 12. Ever in U.S. Armed Forces? NO		anic Origin? NO 14. Race JAPANESE, H/		WAIIAN
15. Decedent's Education BACHELOR		16a. Decedent's Ut TEACHER	sual Occupation	16b. Business/Indu COLLEGE	istry
17. Father's Name ROGER LAWRENCE JONES	3	•	18. Mother's Name Prior to I ANNE MARIE GREEN	First Marriage	
19. Surviving Spouse's NameBAR	BARA LYNN JONES				
20a. Informant's Name BARBARA LYNN JONES	1	05. Informant's Relationship VIFE	20c. Informant's Mailing Add 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 r	22b. License No 9999	22c. Name and Address of F RUDDICK FH 58 FUNERAL HOME R		40.2121
Auth	ority for Burial, Tra	nsportation, Re	moval, Cremation or (Other Dispositio	

Submitting the Record to the Division of Vital Records

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

aryland	rectro			IP/A	stratio				
rtificates - eport	ting 👻 Help Refer	ences 🔻							
Censicate Options	* Permit Option	s v	au - 44	Save [F8]					
w Status	Middle Name: R	OBF	East Nar	me: JONES	2. Date of I	Death: 12/01/2014	6. Sex: MALE	Certificate: 28	Status: COMP
e									
nt Access		·							
r to ME									
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ication nit M ¹ LoR entry not to Registrar	014 16.35.33 WA Rene (res) ONES		Certificate o	of Death	By RUDDICK, SCOT File Number 2 State Desh 12/01/2014	T (SRUDDICK) 1 Toni of Seath 0.000			
ication nit Microsoft entry to Registrar /Edit Signatures to Paper	NA Name (Fault			of Death Printed	2 Outs of Death 12/01/2014	3. Time of Death			
ication nit MichaeR and to Registrar /Edit Signatures to Paper	DA Rome (rang) ONES	× [6			2 Outs of Death 12/01/2014	3. Time of Death 0100			
ication nit MonosR who to Registrar /Edit Signatures to Paper Working Copy	ty Number 6, 5	x 1 Gounty	- 63%	t. City, Town or Locatio	2. Suite of Death 12/01/2014 in of Death 3. Birthplace MARYLAND	3. Time of Death 0100			

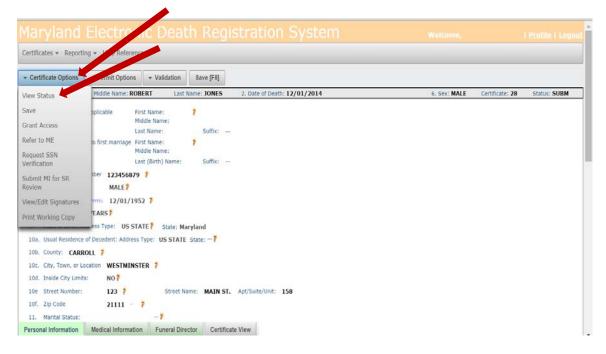
When the following screen appears, check the box "Yes" and "Continue."

Maryland	d Electronic D	or in Real	stration System	Welcome,		I Profile Logout
	orting • Help References					
Submit Certifi			ish to submit it and click the Continue button.			
1. First Name: ADAM	Middle Name UBERT	Last Name: JONES	2. Date of Death: 12/01/2014	6. Sex: MALE	Certificate: 28	Status: COMP
			2. Date of Death: 12/01/2014 his time. The information is complete and accurate to the best of		Certificate: 28	Status: COMP
	K, conformat I wish to submit this o				Certificate: 28	Status: COMP
I, SCOTE ALODICI	K, conformat I wish to submit this o				Certificate: 28	Status: COMP

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."



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.

Certificates * Re	eporting * Help References *			
tatus Folder ie Status Folder		certificate's status and basic deced	ent information. Registration numbers are provide	registered records.
View Certificate	© Cancel			
		Decedent Information		
Last Name: First Name: Date of Death: Time of Death: Sex:	HERMAN ANNA 11/04/2014 0259 FEMALE	Certificate Number DTN Registration Number	320140000140000	
		Status Values		
Certificate: DC Workflow: Reported to ME: SR Flag: Duplicate Flag: FD Auth: MI Review:	ELECTRONIC ACC 120 AUTH		ELECTRONIC CERTIFYING PHYSICIAN UN ATT	
		Reasons Messages		
Register w/Exc SR Review	eview: Reject: aption: w Flag: R. Void:	LD OR RECENT INJURIES OR ACCI	DENTS	