



VRISM

Funeral Director Guide
Tennessee Vital Records
2024

Funeral Director Responsibility

- The responsibility of funeral directors obtaining the medical certification on the certificates of death remains the same from the previous paper process to the now fully electronic VRISM process.
- T.C.A. 68-3-502 requires that the death certificate be filed within 5 days of death.
- Funeral directors will be responsible for tabs 1-6, which is the demographic information of the decedent, as well as the physician assignment and release portion of tab 11.
- Per TCA 68-3-502 all death events shall be registered before final disposition.

Once you have logged into VRISM, this is the screen you will see.

Funeral Home Queue

Funeral Home

FUNERAL HOME REHL 7 TEST

RLS-1-44-TEST1

11/07/2022 07:31 AM

Your last login was at 06/26/2022 14:20:33

Password expiration date - 2/5/2023

Death

System

VRISM - Vital Records

Bookmarks

No Bookmarks marked yet!!!

Other

News

There is no news for Funeral Home

Missing Demographic Info 101

Dropped To Paper 0

Missing Medical Certification 22

Unassigned Medical Certifier 15

Missing Demographic Info

Search

Details	Description	Event Date	Certified	Action
	HARRIS ALEXIS	09/01/2019	Y	
	MOORE PATRICK	09/01/2019	N	
	LEWIS TOBY	09/01/2019	N	
	HALL PAUL	09/01/2019	N	

These records are in your work queue and will require your attention at some point, you can click through the different tabs to see what is needed to file the records.

Creating a Record

To create a record, follow the path: Death > New Death > Create on the left side of the screen. Enter in the decedent's information and click search. If no existing records match this search, press Create New Case.

Funeral Home

FUNERAL HOME REHL 7 TEST

RLS-1-44-TEST1

11/07/2022 07:50 AM

Your last login was at 11/07/2022 07:50 AM

Password expiration date - 2/5/2023

Death

New Death

Create

Update

Search

Print

System

VRISM - Vital Records

Death - New De

Records List (0)

Search

Last Name	First	Date of Death	County of Death	Sex	Funeral Home	ICN	Subm	Reg	Action for MC	Action
No data available...										

Create New Case

Exit

Tab 1: Decedent

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1. Decedent's Legal Name

First: POPEYE
Middle: THE
Last: SAILOR
Last name prior to first marriage:
Suffix:
☐ Decedent has AKA/alias

2. Sex
Sex: MALE

3. Date of Death
Date of death: 05/17/2018
☐ Date found

4. Time of Death
Time: 12:00
Time designation: PM

6. Date of Birth
Date of birth: 01/17/1929

5. Age
Age: Over 1 year
Years: 89
Months: & days:
Hours: & minutes:

12. Social Security Number
SSN: 999-99-9999
☐ None
Verification status: 35 - No SSN verification - missing or invalid data

8. Place/Location of Death
Place of death: NURSING HOME/LONG TERM CARE
Specify other place of death:
County of death for selecting facility: SHELBY
Hospital: Select
Hospice: Select
Nursing home/long term care: Select
☒ Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: SHELBY
City list: ARLINGTON
City or town: ARLINGTON
Facility name: SEA DOGS RETIREMENT HOME
Street and number: 999 BARNACLE WAY
Apartment number:
Zip code: 99999

Previous **Next** Finish Cancel

Complete all information in the opened white fields, others may open as you enter information.

Note: Any changes made to tab 1 other than the middle name or the social security number after a physician has certified the cause of death will result in the record becoming un-certified thus causing the physician to certify the record again.

Please be sure to go back to tab 1 before you release the record to the state to ensure the social security number has been verified. You can make 5 attempt to verify the social security number to the decedent.

Tab 2: Decedent Info

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmer 7 **Time/Autopsy** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

7. Birthplace

Country: UNKNOWN

State/province: Select

City list: Select

City:

9. Marital Status

Marital status: NEVER MARRIED

10. Surviving Spouse

☐ Unknown

First:

Middle:

Last name of spouse prior to first marriage:

Suffix:

11. Decedent's Occupation/Industry

Usual occupation: SAILOR

Kind of business/industry: MAN

13. Decedent's Residence

Street and number: 999 BARNACLE WAY

Apartment number:

Country: UNITED STATES

State/province: TENNESSEE

County list: SHELBY

County: SHELBY

City list: ARLINGTON

City or town: ARLINGTON

Zip code: 99999

Inside city limits? Yes

14. US Armed Forces

Decedent ever in US armed forces? Yes

15. Decedent's Education

Education: 9TH - 12TH GRADE, NO DIPLOMA

Previous Next Finish Cancel

Note: Kind of business is NOT a business name, just the type is needed

17

Tab 3: Origin/Race

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent 2 Decedent Info 3 Origin/Race 4 Parents/Informant 5 Disposition 6 Funeral Director/Embalmer 7 **Time/Autopsy** 8 **Cause of Death** 9 **Manner/Details/Injury** 10 **Certifier** 11 Case Actions

16. Check Decedent's Best Hispanic Origin, if not Hispanic, check No box

☒ No, not Spanish/Hispanic/Latino

☐ Yes, Mexican, Mexican American, or Chicano

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino

Specify other:

☐ Unknown

17. Decedent's Race (Check all that apply)

☒ White

☐ Black or African American

☐ American Indian or Alaska Native

Tribe 1:

Tribe 2:

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

Specify 1:

Specify 2:

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

Specify 1:

Specify 2:

☐ Other race

Specify 1:

Specify 2:

☐ Unknown

Previous Next Finish Cancel

Tab 4: Parents/Informant

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

18. Father's Name
Unknown ☐
First
Middle
Last
Suffix

19. Mother's Name Prior to First Marriage
Unknown ☒
First
Middle
Last
Suffix

20. Informant's Name and Address
Relationship to decedent: COMPANION
Other - specify
First
Middle
Last
Suffix
Informant's Mailing Address
☒ Same as decedent
Street and number
Apartment number
Country
State/province
City list
City or town
Zip code

Previous Next Finish Cancel

Complete all required information

Tab 5: Disposition

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

21a. Method of Disposition
☐ Burial
☐ Donation
☒ Removal from state
Other - specify
☐ Cremation
☐ Entombment
☒ Other

21b. Place of Disposition
Country
State/province
City list
City or town
Name of cemetery or other place

23. Funeral Home/License No.
Funeral homes
☐ Funeral home not in list
Trade call ☐
Trade call funeral home list
Name
Street and number
Apartment number
Country
State/province
City list
City or town
Zip code
Phone
Funeral home license number
Preferred method of contact
Contact information

Previous Next Finish Cancel

Tab 6: Funeral Director/Embalmer

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | **6 Funeral Director/Embalmer** | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

22 a, b. Funeral Service Licensee or Agent

List by name

List by license number

☐ Funeral director not in list

License number

First

Middle

Last

Suffix

22 c, d. Embalmer

☒ Not embalmed

Embalmers by name

Embalmers by license

☐ Embalmer not in list

License number

First

Middle

Last

Suffix

Once this information is completed, click on “Finish” then “Save as Pending” on the next page so you can print a funeral home copy. Please review this with the family. This will help to reduce errors and the hopefully eliminate the need for submitting an affidavit later to correct incorrect information.

How to print a funeral home copy for review

 **Ronald Test**
RONALD FUNERAL HOME
RLS-1-44-TEST1
11/09/2022 04:18 PM
Your last login was at 11/09/2022 14:12:55
Password expiration date - 12/28/2022 

Death 

> New Death

Search 

Print 

Funeral Home Copy 

Drop To Paper 

Transit/Disposition Permit 

Cremation Permit 

Disinterment Permit 

Blank Forms 

System 

Follow the path:

Death > Print > Funeral Home Copy

Enter the year of death and the decedents First and Last name, click search.

Click continue on the bottom of the screen

Click “Generate Document”, copy will generate then print it and show it to the family. You could even have them sign it for future reference if there becomes the need for an affidavit.

After reviewing the Funeral Home Copy with the family go back to the record and go to tab 11.

Tab 11: Case Actions

Death – Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmers | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician: TEST PHYSICIAN 4986595

Physician not in list

County of occurrence's ME county

Select ME county

Case access: ELECTRONIC

☒ Click when assignment is complete

Certify Medical

☐ Check when ready to certify ☐ Check if you decline to certify

Declined by Certifier

Reason

Certifier

☐ PHYSICIAN: To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

☐ MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Certify Un-certify

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

☐ Check when ready for review before releasing ☐ Check if you decline to complete this record

Release Un-release

Case Status Information

Medical information status: New

Personal information status: Case pending

Registration status: Not submitted

Total unknown: 4

Case Action History

05/18/2018 Record created by user ID: 533

Previous Next Finish Cancel

To assign a certifier, select the appropriate physician from the drop-down list, if this is a ME case assign it to the appropriate county of death. You must then check the box “Click when assignment is complete” and click on “Finish” at the bottom of the screen.

VRISM Warning Screen

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

ATTN: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - The following information must be entered to complete the personal information. Fix following:

- Decedent's father's last name is required**
Field Group Description: Decedent's Father's Last Name must be entered

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the following:

- Cause of death must be specified**
Field Group Description: Cause of death must be specified or Pending checked
- Did tobacco use contribute to death must be answered**
Field Group Description: Did tobacco use contribute to death must be answered
- Was medical examiner contacted must be answered**
Field Group Description: Was medical examiner contacted must be answered
- Manner of death must be selected**
Field Group Description: Manner of death must be selected
- Autopsy must be answered or select Unknown**
Field Group Description: Autopsy must be answered or select Unknown

Required to register or complete: If dropped to paper, the State office must complete the information and register the record. Fix all the following:

- Medical Information Section**
Field Group Description: Must be certified or released for registration.
- Personal Information Section**
Field Group Description: Must be released for registration

Save (as Pending)

After you hit “Finish” on the previous page, if there are any items uncompleted, you will receive this warning page. Click on the item to be taken to it directly to complete.

Checking Certification Status

Logged in as: Funeral Test at FUNERAL HOME TEST User: FUNERAL HOME TEST

Version: RL 5.4.32 TEST 05/18/2018 07:32 AM Logout Help

Main
Death | System

News
There is no news for Funeral Test.

News Message

Missing Demographic Info (1-2 of 2) | Missing Medical Certification (1) | Unassigned Medical Certifier (1)

Description	Event Date	Certified	Action
TEST BABY AGE 02/22/2018	02/22/2018	N	Details
SALON POPEYE 06/17/2018	06/17/2018	Y	Process

Once the cause of death has been certified by the medical certifier you will see the indicator has changed to a “Y”. You can now release the record to the State for registration

Releasing a Record

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

[1 Decedent] [2 Decedent Info] [3 Origin/Race] [4 Parents/Informant] [5 Disposition] [6 Funeral Director/Embalmer] [7 **Time/Autopsy**] [8 **Cause of Death**] [9 **Manner/Details/Injury**] [10 **Certifier**] [11 Case Actions]

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

☐ Physician not in list

County of occurrence SHELBY

Select ME county

Case access

☐ Click when assignment is complete

Certify Medical

☒ Check when ready to certify ☐ Check if you decline to certify

Declined by Certifier

Reason

Certifier

☒ PHYSICIAN-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

☐ MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

☐ Funeral home not in list

Case access

☐ Click when assignment or transfer is complete

Release Case

☒ Check when ready for review before releasing ☐ Check if you decline to complete this record

Registration status Not submitted

Total unknown 4

Case Action History

05/18/2018 Record created by user ID: 533 -- 05/18/2018 User ID: 533
Assigned case to PHYSICIAN TEST 4986595 -- 05/18/2018 User ID 483
certified this case

Return to the record and go to tab 11, check the box “ready for review before releasing and then click the button “Release”, then finish at the bottom.

NOTE: Only a funeral director or an individual acting as the funeral director may press the “release” button to register a record.

Successful Transaction

Main
Death | System

Successful Transaction
Your transaction has been saved successfully.

Record Details

First name	POPEYE
Last name	SAILOR
State file number	000108
Date of death	05/17/2018

This is the screen you should see once it is registered with the State office.

VRISM TIPS

Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

27d. Certifier's Address

Street and number 710 WASABI TRAIL

Apartment or suite number

Country UNITED STATES

State/province TENNESSEE

City list GATLINBURG

City or town GATLINBURG

Zip code 25698

27d. Certifier's Title

Title list DO

Title DO

27b. Certifier's Number

Medical license number 4986595

27 a, c. Certification Date

Date signed by certifier (MM/DD/YYYY)

Previous Next **Finish** Cancel

Note: Physician's do not enter any information on Tab 10. The "date signed by Certifier" will auto-populate when they have certified the record on tab 11.

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician Select

☐ Physician not in list

County of occurrence SHELBY

Select ME county

Case access

☐ Click when assignment is complete

Certify Medical

☒ Check when ready to certify ☐ Check if you decline to certify

Declined by Certifier

Reason

Certifier

☒ PHYSICIAN-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

☐ MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

Certify Un-certify

Assign to Funeral Home

Select funeral home Select

☐ Funeral home not in list

Case access

☐ Click when assignment or transfer is complete

Release Case

☐ Check when ready for review before releasing ☐ Check if you decline to complete this record

Release Un-release

Case Status Information

Medical information status Certified

Personal information status Case pending

Registration status Not submitted

Total unknown 4

Case Action History

05/18/2018 Record created by user ID: 533 -- 05/18/2018 User ID: 533

Assigned case to PHYSICIAN TEST 4986595 -- 05/18/2018 User ID 483

certified this case

Previous Next **Finish** Cancel

To reassign a record, you would go to Tab 11 and select the new physician's name of the drop-down list. Click "check when assignment is complete" before saving the change.

Note: The physician listed in Tab 10 is the currently assigned physician.

VRISM Tips

Getting a physician to sign a record

- If you are having trouble getting a physician to sign a record and the death occurred at a medical facility, please call and speak to the Administration, Risk Management or the Chief Medical Officer.
- If the physician refuses to do their due diligence or fails to complete the task in a timely manner, you may also reach out to the Medical Board for guidance.
- You can report the physician to the medical board at:
<https://www.tn.gov/health/health-professionals/hcf-main/filing-a-complaint.html>
- The Office of Vital Records, specifically VRISM, acts as a platform for vital records and does not have jurisdiction to force medical certifier compliance.

Making Changes to a registered record

- All changes made to a registered record will require an original notarized affidavit.
- Changes made to items directly related to death such as name, date of death, place of death, time of death or cause of death will require an affidavit from the physician.
- For more information about the process or for status updates please contact the Amendments Department at
vramendments@tdhs.zendesk.com



Thank you

855.874.7686 · health.vrism@tn.gov