

VRISM

Funeral Director Training for Death Certificates Tennessee Vital Records 2018

TN

Welcome to the state of Tennessee's VRISM training for medical certifiers. In this training you will learn what VRISM is and how you can now complete death certificates electronically.

What is VRISM?

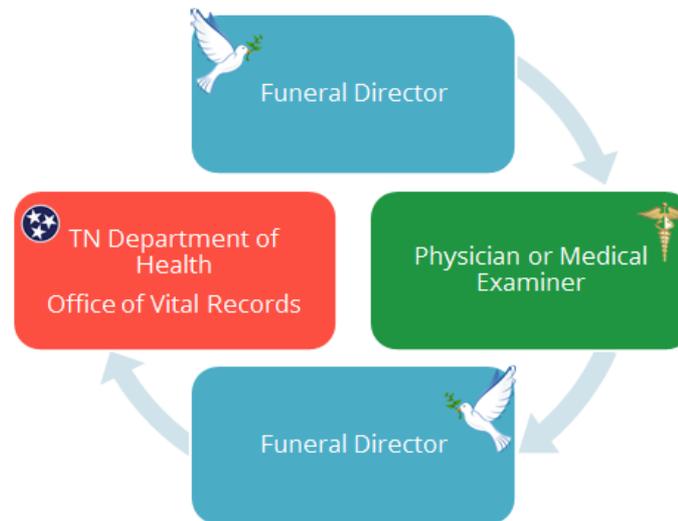
- VRISM is an acronym that stands for Vital Records Information System Management. This system allows vital records such as birth, death, marriage, and divorce to be registered and issued electronically across the state of TN.
- This training is over the Electronic Death Registration System” or “EDRS.”
- The issuance module was launched in 2014 and has successfully been implemented by all TN health departments, allowing for faster access to birth and death certificates. This gives local health departments the same ability as the state to issue birth and death certificates throughout the state, regardless of the county.
- VRISM is constantly being improved and updated. You will receive system notifications and emails with information.

VRISM is an acronym that stands for Vital Records Information System Management. This system allows vital records such as birth, death, marriage, and divorce to be registered and issued electronically across the state of TN. In this training, you will only learn about death certificates. The issuance module was launched in 2014 and has successfully been implemented by all TN health departments, allowing for faster access to certificates. This gives local health departments the same ability as the state to issue throughout the state, regardless of the county.

Why VRISM?

- Secure, online processing that saves time (as much as 40 days)
- Similar to the current paper process
- No paper submissions which will reduce errors
- Fields and data rules still comply with federal guidelines

Switching to an electronic death registration system provides an added degree of security and saves time for all parties involved in the registration and issuance of death certificates. The only major difference in the process is that now the record is registered electronically, which will help reduce record errors. The fields and data rules comply with federal guidelines, just as the paper process did.



The workflow of the Electronic Death Registration System is also the same as the paper process. The funeral home will initiate the record and complete all demographic information. This corresponds to tabs 1-6 in VRISM.

Once this has been completed, the funeral home will assign the record to a medical certifier. They will complete the medical information portion on tabs 7-10 and then certify on tab 11. The record will indicate when this has been done in the funeral director's work queue. Once the record has been reviewed for accuracy and completion, it will be able to be released to the state for registration.

- The responsibility of funeral directors remains the same as prior to the VRISM system, which is to prepare an original death certificate in order to file a legally acceptable document for purposes of making certified copies. 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 are the demographic information of the decedent, as well as the assignment and release portion of tab 11.

The responsibility of funeral directors remains the same as prior to the VRISM system, which is to prepare an original death certificate in order to file a legally acceptable document for purposes of making certified copies. Tennessee code also still requires that the death certificate be filed within 5 days of death. Funeral directors will be responsible for tabs 1-6, which are the demographic information of the decedent, as well as the assignment and release portion of tab 11.



MAILING ADDRESS
Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st
Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE
1-(855)-VRISMTN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN

This is the VRISM login screen. You will see the red, white, and blue map of TN and at the bottom you'll see the blue log in button. Please note that on the left side of the screen you will see the mailing address and phone number of TN Vital Records. If you have any questions you can call this number and someone from our team will assist you. It is necessary to use internet explorer with this application, as that is the browser on which it was developed. Clicking the log in button will start the four step log in process.

Step One: Username

⚠ WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Username: [Forgot Username?](#)

The first step is entering your username. This will be assigned to you after you submit a user agreement. Please note that all fields in the log in process are case-sensitive, so make sure to type in your information exactly as given to you.

Step Two: Security Questions

⚠ WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

What was your childhood nickname?

Answer: [Forgot Answer?](#)

Continue

Reset

You would then press continue, which will take you to the next step, answering one of your three selected security questions. Once you have received your username and a link to set up your account, you will be able to personalize these questions; however, if someone from the state has set up your account for you, the answer to your security questions will be the last word of the question. This can be personalized after you log in for the first time. Once you've answered your security question, please press continue to move to the next step of the log in process.

Step Three: Security Image and Phrase

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Please Note

Identify your Image and Key. Press Cancel if they don't match.



vrism

[Forgot Image or Key?](#)

The third step is verifying that the image and phrase on the screen. These will be personalized in the account activation process. If you get an image and phrase that are not the ones you set, please restart the log in process.

Step Four: Password

⚠ WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Password: [Forgot Password?](#)

Step four is simply entering in your password and pressing log in. If you are taken back to the first step, the username screen, try logging in again or contacting the help desk if the issue persists. We ask you to refrain from giving your log in information to other users.



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

Version: RL5-1.32-TEST1
06/10/2018 06:45 AM
Logout | Help

Main

System

News

There is no news for Funeral Test

News Message

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

Description	Event Date	Certified	Details	Action
TEST BABY ACE 02/22/2018	02/22/2018	N	Details	Process
SAILOR POPEYE 06/17/2018	06/17/2018	N	Details	Process

Once you have logged in, you will see the main page. If there are updates from the state you will see these here under the news tab. VRISM is continually being improved and updated, so please check this tab when you log in. The upper left side of the screen will show your user information. If any of this information is incorrect, please contact the VRISM help desk. This screen is also where pending death certificates can be seen in your work queue. By pressing death in the dark gray bar under main, you will be taken to the main death screen.



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

Main -> Death

[New Data](#) | [Search](#) | [Print](#)

News

News Message

There is no news for Funeral Test

[Missing Demographic Info \(1-2 of 2\)](#) | [Missing Medical Certification \(2\)](#) | [Unassigned Medical Certifier \(2\)](#)

Description	Event Date	Certified	Details	Action
TEST BABY AGE 02/22/2018	02/22/2018	N	Details	Process
SAILOR POPEYE 05/17/2018	05/17/2018	N	Details	Process

From here you will also be able to view your work queue, in addition to being able to search and initiate records. Please note that the work queue may have different tabs for cases depending on their progress. To open an existing record, press process to the far right of the decedent's name. This will take you to tab one within the record. To create a new record, click Death from the menu bar. Then click create, which will take you to a search page to verify that a record hasn't already been created. Enter all of the decedent's information and click search. If no matching records were found, click Create New Case at the lower left side of the screen.



Creating a Record

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

Main -- Death -- New Death -- Create

Start Case Information

Decedent's Name

First POPEYE

Last SAILOR

Decedent's Sex

Sex MALE

Date of Death

Date of death (MM/DD/YYYY) 05/17/2018

Decedent's Date of Birth

Date of birth (MM/DD/YYYY) 01/17/1929

Search

Cancel

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

Main -- Death -- New Death -- Create

Records List (0 records found)

Last Name	First	Date of Death	County of Death	Sex	Funeral Home	ICN	Subn	Reg	Action for MC
-----------	-------	---------------	-----------------	-----	--------------	-----	------	-----	---------------

There were no results that matched your search.

Create New Case

Exit

To create a record, please enter the decedent's information and press search. If no existing records match this search, press Create New Case.



Tab 1: Decedent

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

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
 Hospice
 Nursing home/ long term care
 Check if facility is not in the list
 Country UNITED STATES
 State TENNESSEE
 County list SHELBY
 County 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

On tab 1, enter in all of the decedent's information. For unknown numerical fields, such as social security number, enter all 9's. If the decedent doesn't have a social security number, enter all 8's or check the none box. You will have five tries to enter the social security number. VRISM will send the number to the SSA system for verification. If you click finish, save, and return to record, tab 1 will give you information regarding the SSN verification progress. If the SSN given to you by the informant is unable to be verified please submit a 721 form to the SSA once the record has been registered. Otherwise, this form is unnecessary. To go to the next tab, click next.



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

Tab 2 is the decent information section. Every field on the paper certificate is required in VRISM. Unless fields are yellow instead of white, they are the responsibility of the funeral director. Please note some fields become yellow or white depending on the information entered in previous fields. To go to the next tab, click next.

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 3 pertains to the decedent's race. You may check one or more boxes to indicate what the decedent considered himself or herself to be. Please specify if you select other. To go to the next tab, click next.



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 UNKNOWN
Suffix

20. Informant's Name and Address
Relationship to decedent COMPANION
Other - specify
First OLIVE
Middle
Last OYL
Suffix

Informant's Mailing Address
 Same as decedent
Street and number 999 BARNACLE WAY
Apartment number
Country UNITED STATES
State/province TENNESSEE
City list ARLINGTON
City or town ARLINGTON
Zip code 99999

Previous Next Finish Cancel

Please enter all information for the parents of the decedent and the informant on tab 4. For parent's information, please do not enter names of foster parents or guardians. To go to the next tab, click next.

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:

Please select the method of disposition on tab 5. More than one method may be selected if necessary. Please note that if the body is to be donated to a hospital, medical school, or mortuary school for scientific purposes, the facility receiving the body is generally responsible for preparing the death certificate. To go to the next tab, click next.



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

On tab 6, please select your funeral director and embalmer information from the drop down list. Once selected, the fields below will automatically populate the other information that is needed. If the funeral director and/or embalmer are not selected from the list, you will have to manually enter the information. Please note the not embalmed check box for cases in which an embalmer was not present. Medical certifiers are responsible for tabs 7-10, so you can now click on tab 11 to assign the record to a certifier.



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/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 TEST PHYSICIAN 4986595

Physician not in list

County of occurrence SHELBY

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.

Buttons: 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

Buttons: 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

Buttons: Previous, Next, **Finish**, Cancel

To assign to a certifier, select a certifier from the drop down list or Medical Examiner county list. If the certifier is not in the list, select the “physician not in list” box. Next, check the box that says “check when assignment is complete.” Then click the finish button, noting that if a physician is not in the drop down list, the funeral home will have to access the drop to paper option, which involves printing the certificate from the system and bringing the paper copy to the medical certifier to be completed. This option will no longer be accepted by the state after July 16, 2018.



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)

When you press the finish button, the system runs a full check on the required fields. If any missing information is your responsibility, it will appear on the VRISM warning screen under the Attn: Funeral director heading. This information will appear as clickable links which will take you back to the tab in which the missing information is located. If all information is complete, click save as pending. This will then assign the record to the medical certifier.



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

Main
Death | System

News

News Message

There is no news for Funeral Test

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
SAILOR POPEYE 05/17/2018	05/17/2018	Y	Process

The medical certifier is then responsible for the information on tabs 7-10. They will certify the record on tab 11.

Once a record has been certified, the case will have a Y under the “certified” heading on your main queue. Once the record has been certified a funeral home cannot edit or change anything within the record. If changes are need, the funeral home must contact the certifier and ask them to uncertify the record. If you see that the record has been certified, click the process button. This will open the record on tab 1.



Tab 1: Decedent

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

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
County 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

From here you can go through tabs 1-10 to review the information, or you can click on tab 11 to release for registration.



Releasing a Record

Death – Last: SAIOR 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

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

To release for registration, check the box “check when ready for review before releasing” and press the release button. Then press finish and save as pending.



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

[Main Menu](#)

[Repeat Task](#)

You will now receive the successful transaction screen. This should provide a state file number for the registered record that you can provide to your local health department for issuance.

balmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11

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

VRISM Warning

Trying to save is UNFINISHED. All of the following fields are required

ical information section. Fix all the following:

vered

ation and register the record. Fix all the following:

Save (as Pending)

Here are some key things to remember for easier navigation in the VRISM system. VRISM does not save information automatically and will time out after 15 minutes of inactivity and log you out of the system. If you expect to be interrupted or you are new to the system, we recommend pressing finish and save as pending frequently to secure your information.



Printing a Record

Main -- Death -- Print -- Funeral Home Copy

Death Record Search Criteria

Record Identifiers

Event year

State file number

Certificate indicator

ME case number

Decedent's Name

First

Middle

Last

Suffix

Soundex on last name

Decedent's Sex

Sex

Decedent's Social Security Number

SSN

Date of Death

Date of death (mm/dd/yyyy)

From

To

Month and Year of Death

Month

Year

Date of Birth

Date of Birth (mm/dd/yyyy)

From

To

Location of Death

County

Cities

City

To print a record, follow the path Main > Death > Print > Funeral Home Copy. From here you will be able to enter criteria to search for the record.

Printing a Record

Int - Funeral Home Copy

Records List (Showing 1 - 1 of 1 records)

First Name	Middle Name	AKA	Date of Death	Mother Maiden Name	Father Last Name	County	Status	Details
POPEYE	THE	No	05/17/2018	UNKNOWN	UNKNOWN	SHELBY	REGISTERED	Details

Cancel

Select your case from the search results and press “details” at the far right of the screen.



Printing a Record

Logged in as:
Physician Test
at PHYSICIANTEST
Unit: PHYSICIANTEST

Version: RL5-1-32-TEST1
06/23/2018 07:53 AM
Logout | Help

Main -> Death -> Print -> Funeral Home Copy

Record Details

1 Decedent | 1A Decedent AKA's | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | Court Order Info | 5 Disposition | 6 Funeral Director/Embalmer | 7 Time/Autopsy | Delayed Diagnosis Demographic Info | 8 Cause of Death | 9 Manner/Details/Injury | 8 Actual Date/Pronounce/Contact | 10 Certifier | Supporting Documents | 11 Case Actions

1. Decedent's Legal Name

First: POPEYE
Middle: THE
Last: SAILOR
Last name prior to first marriage:
Suffix:
Decedent has AKA/alias: No

2. Sex

Sex: MALE

3. Date of Death

Date of death: 05/17/2018
Date found: No

6. Date of Birth

Date of birth: 01/17/1929

12. Social Security Number

SSN: 999-99-9999
Verification status: -1
Date when export to SSA included this record:
Number of OVS verification attempts: 0
Date of last OVS verification attempt:
Invoke OVS2 for SSN verification: R
SSN has been verified flag: N

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
Check if facility is not in the list: Yes
Country: UNITED STATES
State: TENNESSEE

Place of death county location IU:

Location ID of facility of death:
Hospice patient:
Time of death unknown: 0
Age type for export: 1
Age unknown: 0
Use delayed "stamp" flag: N

This will take you to the record details page. Scroll to the bottom of this screen and press continue.

Printing a Record

Report - Confirm

Print Death Certificate

Generate Document

Continue

You will now be able to generate a printable PDF document by pressing the generate document button.

User Agreements can be sent to:

TN Dept of Health – Vital Records or health.vrism@tn.gov
710 James Robertson Pkwy
Andrew Johnson Tower, 1st Floor
Nashville, TN 37243

If you haven't already done so, we ask that you fill out a user access request and agreement form. This will give you access to the VRISM system. Forms can be mailed, emailed, or faxed to TN Dept. of Health, Office of Vital Records.

<https://test.vrism.tn.gov/vrism/do/login>

Funeral Director Login:

Username: FTest

Security Question: last word in the question

Image/Phrase: lion/VRISM

Password: L3tmein!

If you would like to practice, we have a test environment in which you can become more familiar with the system. If you need any help getting access to this account, please contact the VRISM help desk.



Thank you

855.874.7686 · health.vrism@tn.gov

We thank you for taking the training today.