



V R I S M

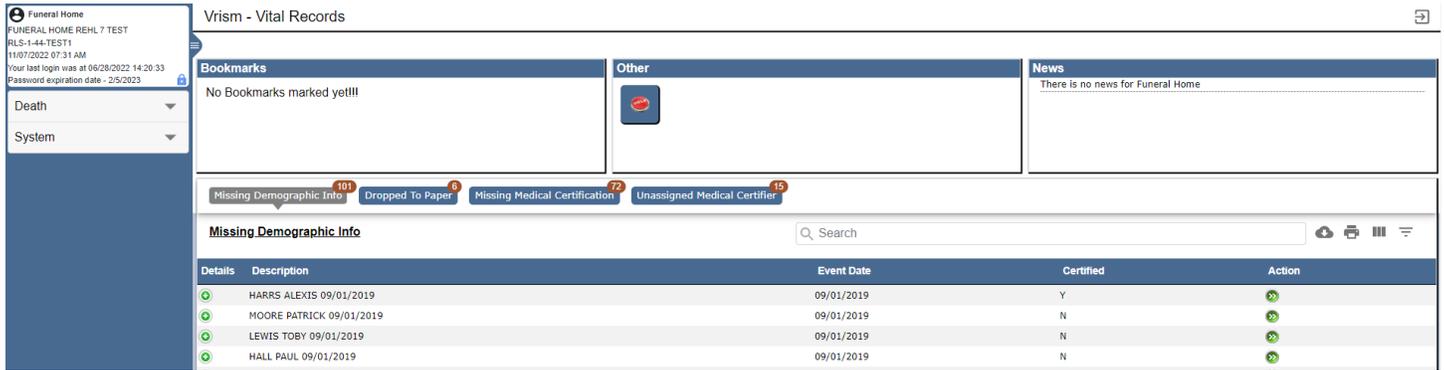
**Funeral Director Guide**  
Tennessee Vital Records  
2022

# 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 are the demographic information of the decedent, as well as the 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.

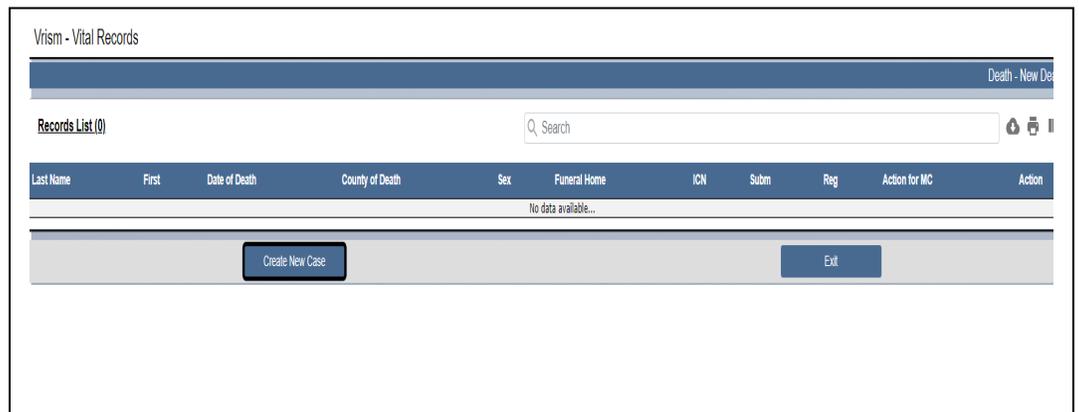
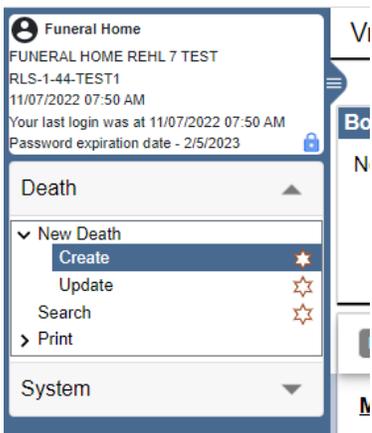
# Funeral Home Queue



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.



# 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

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.

# 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: [Redacted]

9. Marital Status

Marital status: NEVER MARRIED

10. Surviving Spouse

Unknown

First: [Redacted]  
Middle: [Redacted]  
Last name of spouse prior to first marriage: [Redacted]  
Suffix: [Redacted]

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: [Redacted]  
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: [Redacted]  
 Unknown

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

White  
 Black or African American  
 American Indian or Alaska Native  
Tribe 1: [Redacted]  
Tribe 2: [Redacted]  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian  
Specify 1: [Redacted]  
Specify 2: [Redacted]  
 Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander  
Specify 1: [Redacted]  
Specify 2: [Redacted]  
 Other race  
Specify 1: [Redacted]  
Specify 2: [Redacted]  
 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 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

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 BURIAL AT SEA  
 Cremation  
 Entombment  
 Other

**21b. Place of Disposition**  
Country UNKNOWN  
State/province Select  
City list Select  
City or town UNKNOWN  
Name of cemetery or other place INTERNATIONAL WATERS

**23. Funeral Home/License No.**  
Funeral homes FUNERAL HOME TEST - ANDERSON  
 Funeral home not in list  
Trade call   
Trade call funeral home list Select  
Name FUNERAL HOME TEST  
Street and number 1234 LOOP RD  
Apartment number   
Country UNITED STATES  
State/province TENNESSEE  
City list ANDERSON  
City or town ANDERSON  
Zip code 37057  
Phone 999-999-9999  
Funeral home license number 654654  
Preferred method of contact QUEUE  
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/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

County of occurrence: ME

Select ME county: ME

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.

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: RL5-4-22 TEST1  
05/18/2018 07:32 AM  
Logout | Help

Main  
Death | System

News  
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
SALOR POPEYE 06/17/2018	06/17/2018	Y	Details 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

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

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:SAVILOR 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

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

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](mailto:vramendments@tdhs.zendesk.com)



**Thank you**

855.874.7686 · [health.vrism@tn.gov](mailto:health.vrism@tn.gov)