

## HOW DO I SUBMIT SPONTANEOUS TERMINATIONS OF PREGNANCY ORDERS IN EVERS?

**PLEASE NOTE:** To place an order electronically, the **Case Must Be Registered**.

Locate Case by clicking on Life Events, Fetal Death, and then Locate Case.

Testing Funeral Home, Inc. Welcome back: ADanielsFD Logout

Main Order Processing Life Events Queues Forms Help

The City and Mental Hygiene

Death
 

- Locate Case
- Fetal Death
- ITOP

Fast Links

Messages Current Activities Fetal Death Search Death Start New Case Death Search

You can also locate by clicking in this box.

Locate Case

**Mother's Information**

Mother's Current Legal First Name:  Mother's Current Legal Last Name:

Mother's Last Name Prior to First Marriage:

Mother's Medical Record Number:

**Fetus Information**

Fetus First Name:  Fetus Last Name:  Date of Delivery:

Sex:  Case Id:

**Place of Delivery Information**

Place of Delivery Location Type:  Borough of Delivery:

Facility:

**You can locate the case by entering information in one field, and then click Search**

**Click on the Mother's Maiden Name to Access the case**

Results

Case Id	Mother's MRN	Mother's Maiden Name	Mother's Current Legal Last Name	Date of Delivery	Facility	Registration Status	
743221	2688765	Lall, Basmati	Singh	FEB-05-2013	Testing Hospita	Registered	<a href="#">Preview</a>

Total records : 1

- Legal Information
- Fetus**
- Disposition
- Disposition
- Registrar Information
- Amendment List
- Other Links
- Amendments
- Print Forms
- Comments
- Order Permit/Copies
- Validate Registration

**Fetus**

**Fetus Name (Optional)**

No Given Name

First:  Middle:  Other Middle:  Last:  Suffix:

Date of Delivery  Time:  :   Sex:

Number delivered in this pregnancy:  If more than one, number in order of delivery:  If more than one, number born alive:

Obstetric Estimate of Gestation (completed weeks)  Does mother/parent request disposition:

Select from the Fetal Death Registration Menu - Order Permit/Copies

**Order Processing Menu**

- Applicant**
- Services
- Payments
- Summary

20130200023 :Testing Funeral Home, Inc  
/Keyed/Incomplete

**Applicant**

Applicant:  Person  Organization

**Organization**

Name:

**Address**

Street Number:  Pre Directional:  Street Name:  Street Designator:  Post Directional:  Apartment Number:   
 City or Town:  State:  Country:  Zip Code:

**Contact Information**

Attention:   
 Phone Number:  Alternate Number:  Fax Number:   
 Email:

Shipping Information Same as Applicant?

Click Next

**Order Processing Menu**  
 Applicant  
**Services**  
 Payments  
 Summary

2013020023 :Testing Funeral Home, Inc  
 /Keyed/Incomplete

**Services**

Source: Internet Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Will this order be paid for by Credit Card or EFT?

1 Name: \*\*\*\*\*  
 Applicant Relationship to Registrant: Funeral Director  
 Currently there are no services for this event request. Please click Add Service to add a service request for death certificates, veteran copies, etc.

**Add Service**

Save Previous Next Return

Click here to Add Service.

**Order Processing Menu**  
 Applicant  
**Services**  
 Payments  
 Summary

2013020025 :Testing Funeral Home, Inc  
 /Keyed/Incomplete

**Services**

Source: Internet Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Will this order be paid for by Credit Card or EFT?

1 Name: Mary Susan Singh  
 Applicant Relationship to Registrant: Funeral Director

Service: [Fetal Death CC Funeral Home] Quantity: [1] Priority: [Regular] Delivery: [Pickup]  
 Other Specify: [ ]

**Save** **Cancel**

Add Service

Save Previous Next Return

Select type of service from the drop down.  
**Quantity = 1, Priority = Regular, and Delivery = Pickup, and then click Save**

**Optional:** Select Request Reason from the drop down. If the desired reason is not in the dropdown, Enter Request Reason in the Other Specify field.

**Order Processing Menu**  
 Applicant  
**Services**  
 Payments  
 Summary

2013020026 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

**Services**

Source: Internet Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Will this order be paid for by Credit Card or EFT?

1 Name: Mary Susan Singh  
 Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee	
1	Fetal Death CC Funeral Home	1	REGULAR	PICKUP			\$15.00	Edit Reverse
2	Fetal Death Disposition Permit	1	REGULAR	PICKUP			\$40.00	Edit Reverse

**Add Service**

Save Previous Next Return

If a change has to be made to the order, Select Edit

- Order Processing Menu
- Applicant
- Services
- Payments
- Summary

20130200026 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

Services

Source: Internet Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Will this order be paid for by Credit Card or EFT?

1 Name: Mary Susan Singh

Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Fetal Death CC Funeral Home	1	REGULAR	PICKUP			Edit Reverse
2	Fetal Death Disposition Permit	1	REGULAR	PICKUP		\$40.00	Edit Reverse

Service: Fetal Death CC Funeral Home  
 Request Reason:   
 Delivery: UPS 2-3 DAY AIR

Modify the information and Click Save

Save Cancel

Save Previous Next Return

- Order Processing Menu
- Applicant
- Services
- Payments
- Summary

20130200026 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

Services

Source: Internet Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Will this order be paid for by Credit Card or EFT?

1 Name: Mary Susan Singh

Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Fetal Death CC Funeral Home	1	RUSH	UPS 2-3 DAY AIR		\$15.00	Edit Reverse
2	Fetal Death Disposition Permit	1	REGULAR	PICKUP		\$40.00	Edit Reverse

Click Next

Add Service

Save Previous Next Return

**If Method of Payment = Credit Card (Personal credit card belonging to funeral director or family member that contracted funeral director)**

**Order Processing Menu**  
 Applicant  
 Services  
**Payments**  
 Summary

20130200026 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

**Payments**  
 Received Date: FEB-06-2013      Fee Effective Date: FEB-06-2013

Add Payments

**Add Payment**

Credit/Debit Card  
 Business Checking Account  
 Personal Checking Account

SubTotal: \$55.00  
 VitalChek Fee: + \$6.75  
 ng/Handling Fee: + \$12.50  
 Total: = \$74.25  
 Paid: \$0.00  
 Balance: = \$74.25  
 Change Due: \$0.00

Click on the drop-down  
 Select Method of Payment

a. If Method of payment is Credit and it is a Personal Credit Card, Click Edit Payer

b. Uncheck the Same As Applicant box to activate Payer screen.

**Order Processing Menu**  
 Applicant  
 Services  
 Payments  
 Summary

20130200027 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

**Payer**  
 Payer: Person Organization      Same As Applicant?

**Organization**  
 Name: Testing Funeral Home, Inc

**Address**  
 Street Number: 125    Pre Directional:    Street Name: Worth    Street Designator: Street    Post Directional:    Apartment Number: 204  
 City or Town: New York    State: New York    Country: United States    Zip Code: 10013

Perfect Address™ Verification

**Contact Information**  
 Attention:   
 Phone Number: 212 123-4567    Alternate Number:    Fax Number:     
 Email: No.One@vitalchek.com

Clear    Save    Previous    Next

**Order Processing Menu** 20130200027 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

**Payer**

Payer:  Person  Organization Same As Applicant?

Name  
 Prefix  First  Middle  Last  Suffix  Fraud Suspect?

Address  
 Street Number  Pre Directional  Street Name  Street Designator  Post Directional  Apt. Number   
 City or Town  State  Country  Zip

Contact Information  
 Attention:   
 Phone Number:  Alternate Number:   
 Email:

Clear Save Previous Next

**c. Select Person to activate the Name field**

**Click Save, then Click Previous**

**d. Enter the personal information (Name and Address) of the Credit Card holder.**

**If Method of Payment = Credit Card (Business credit card belonging to the funeral home)**

**Order Processing Menu** 20130200027 :Testing Funeral Home, Inc  
 /Order Invalid/Incomplete/Insufficient Funds

**Payments**

Received Date: FEB-06-2013 Fee Effective Date:

Add Payments  
 Credit/Debit Card  Add Payment

Payment Date	User	Card Number	Exp Date	CVC	Auth Code	AVS	Status	Amount	Authorize	Cancel
01/13	ADepot-155	<input type="text"/>	74.25	<input type="button" value="Authorize"/>	<input type="button" value="Cancel"/>					

SubTotal: \$55.00  
 VitalChek Fee: + \$6.75  
 Billing Fee: + \$12.50  
 Total: = \$74.25  
 Paid: \$0.00  
 Balance: = \$74.25  
 Invoice Due: \$0.00

Previous Next Return

**II. Enter the Credit Card Number**

**III. Select the Expiration Date from the drop**

**IV. Enter the Credit Card Verification Code**

**I. Click Add Payment to enter Credit Card information**

**V. Click Authorize to process the credit card transaction.**  
  
**Click Cancel only if you wish to cancel the transaction**

**Note: Electronic Funds Transfer Payments are possible under the Business Checking Account and Personal Checking Account payment methods. A phone number is required on the Applicant Page for these methods.**

**If Method of Payment = Business Checking Account**

Click Add Payment

Payments

Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Add Payments

Electronic Funds Transfer

Payment Date	User	Bank Number	Account Number	Check Number	Amount	Authorize
FEB-06-2013	ADanielsFD				74.25	Authorize

SubTotal: \$55.00  
 VitalChek Fee: + \$6.75  
 Shipping/Handling Fee: + \$12.50  
 Total: = \$74.25  
 Paid: \$0.00  
 Balance: = \$74.25  
 Change Due: \$0.00

All orders must be paid in full before order will be processed.

Edit Payer Previous Next Return

**If Method of Payment = Personal Checking Account**

Click Add Payment

Payments

Received Date: FEB-06-2013 Fee Effective Date: FEB-06-2013

Add Payments

Electronic Funds Transfer

Payment Date	User	Bank Number	Account Number	Check Number	Driver's License Number	Issuing State/Entity	Amount
FEB-06-2013	ADanielsFD						74.25

SubTotal: \$55.00  
 VitalChek Fee: + \$6.75  
 Shipping/Handling Fee: + \$12.50  
 Total: = \$74.25  
 Paid: \$0.00  
 Balance: = \$74.25  
 Change Due: \$0.00

All orders must be paid in full before order will be processed.

Edit Payer Previous Next Return

The Driver's License Number and Issuing State/Entity are NOT required fields. There is a lookup button next to Issuing State/Entity for selecting the correct information.

**Order Processing Menu**

- Applicant
- Services
- Payments**
- Summary

20130200070 :Testing Funeral Home, Inc  
/Order Invalid/Incomplete/Insufficient Funds

**Payments**

Received Date: FEB-26-2013      Fee Effective Date: FEB-26-2013

Add Payments

Add Payment

Electronic Funds Transfer

Payment Date	User	Bank Number	Account Number	Check Number	Driver's License Number	Issuing State/Entity	Status	Amount
FEB-26-2013	ADanielsFD		6789	568			Approved	74.25

**Make Sure that**

**Status = Approved**

**Balance = Zero**

All orders must be paid in full before order w

Change Due: \$0.00

### Order Summary Page

**Order Processing Menu**

- Applicant
- Services
- Payments
- Summary**

20130200070 :Testing Funeral Home, Inc  
/Order Valid/Incomplete

**Order Summary**

Source: Internet      ProCheck / ProID Status:  
Received Date: FEB-26-2013      Fee Effective Date: FEB-26-2013

<p><b>Applicant Information</b></p> <p>Name: Testing Funeral Home, Inc Address: 125 Worth Street #204 New York, New York 10013</p> <p>Attention: Phone: (212) 123-4567 Email: No.One@vitalchek.com</p>	<p><b>Payment Information</b></p> <table border="1"> <thead> <tr> <th>Type</th> <th>Amount</th> <th>User</th> </tr> </thead> <tbody> <tr> <td>Personal Checking Account</td> <td>\$74.25</td> <td>Anita Director</td> </tr> <tr> <td><b>Paid:</b></td> <td>\$74.25</td> <td></td> </tr> <tr> <td><b>Due:</b></td> <td>\$74.25</td> <td></td> </tr> <tr> <td><b>Balance:</b></td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>	Type	Amount	User	Personal Checking Account	\$74.25	Anita Director	<b>Paid:</b>	\$74.25		<b>Due:</b>	\$74.25		<b>Balance:</b>	\$0.00	
Type	Amount	User														
Personal Checking Account	\$74.25	Anita Director														
<b>Paid:</b>	\$74.25															
<b>Due:</b>	\$74.25															
<b>Balance:</b>	\$0.00															

**Event Requested**

Event Type: Fetal Death      Amend   Receipt   UPS Label   Mailing Envelope   Mailing Label  
Relation: Funeral Director  
Status: /Medical Valid/Disposition Valid/NA/Certified/Registered

**Comments:**

Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
Mary Susan Singh	Yes	0		Fetal Death CC Funeral Home	1	RUSH	UPS 2-3 DAY AIR	\$15.00 Issue
				Fetal Death Dispostion Permit	1	REGULAR PICKUP		\$40.00 Issue

Order Processing Menu

- Applicant
- Services
- Payments
- Summary

20130200072 :Testing Funeral Home, Inc  
/Order Invalid/Incomplete/Insufficient Funds

Order Summary

Source: Internet  
Received Date: FEB-26-2013

ProCheck / ProID Status:  
Fee Effective Date: FEB-26-2013

Applicant Information

Name: Testine S  
Address: 12  
Attention:  
Phone:  
Email:

Payment Information

Type	Amount	User
Paid:	\$0.00	
Due:	\$74.25	
	<b>\$74.25</b>	

If there is a balance identified in **RED**, this means the payment was not approved.

Event R

Event Typ

Relation:

Status:

Comments:

Amend Receipt UPS Label Mailing Envelope Mailing Label

Registered

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Mary Susan Singh	Yes	0	

Services

Service Name	Quantity	Priority	Delivery	Fee	
Fetal Death CC Funeral Home		RUSH	UPS 2-3 DAY AIR	\$15.00	Issue
Fetal Death Disposition Permit		REGULAR PICKUP		\$40.00	Issue

New Order

Copy to New

Submit Order

Void

Issuance History

Previous

Return

Click **Submit Order** to process the Order

Click **Void** if you wish to cancel the

Click **Receipt** to print copy of Receipt.



**Order Receipt**

Testing Funeral Home, Inc  
The City of New York  
Department of Health & Mental Hygiene  
Office of Vital Records

AD

Order Number: 20130200070

Date: 2/26/2013 12:21:03PM

Applicant: Testing Funeral Home, Inc

Ship To:  
Testing Funeral Home, Inc  
125 Worth Street #204  
New York, NY 10013

Order Number: 20130200070

Date: 2/26/2013 12:21:03PM

Applicant: Testing Funeral Home, Inc

Payment Type: EFT

Payer: Testing Funeral Home, Inc  
125 Worth Street #204  
New York, NY 10013

Qty	Service	Name	Delivery	Total Amount
1	Fetal Death CC Funeral Home	Mary Susan Singh	UPS 2-3 DAY AIR	\$ 15.00
1	Fetal Death Disposition Permit	Mary Susan Singh	PICKUP	\$ 40.00
<b>Sub-Total</b>				\$ 55.00
<b>Waived</b>				\$ 0.00
<b>Shipping &amp; Handling</b>				\$ 19.25
<b>Due</b>				\$ 74.25
<b>Paid</b>				\$ 74.25
<b>Refund</b>				\$ 0.00
<b>Balance</b>				\$ 0.00

For questions regarding EVERS, please contact:

Constituent Services Unit  
New York City Department of Health and Mental Hygiene  
(646) 632-6705  
[evers@health.nyc.gov](mailto:evers@health.nyc.gov)

Have you seen our website yet? Go ahead, take a look now! <http://www.nyc.gov/evers>