



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Oxiris Barbot, MD  
Commissioner

## Guidance on Changes to NYC Department of Health and Mental Hygiene's: Medical Examiner Certificate of Death (VR16)

The below guidance pertains to changes to New York City Vital Record forms that will be in effect January 2, 2020. Question numbers correspond to the box numbers on the certificates. Before and after images are included to show the changes that were made.

1. **Question 1:** Suffix added to Name of Decedent
  - a. **Original:** (First, Middle, Last)
  - b. **New:** (First, Middle, Last, Suffix)
  - c. **Purpose:** To match the birth certificate (VR6S)

### Current Death certificate (Medical Examiner)

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
<b>CERTIFICATE OF DEATH</b>				Certificate No.	
1. DECEDENT'S LEGAL NAME <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">(First, Middle, Last)</span>					
Place Of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
Date and Time of Death or Found Dead	3a. (Month)	(Day)	(Year-yyyy)	3b. Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
				4. Sex	5. OCME Case No.

### Updated Death certificate (Medical Examiner)

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
<b>CERTIFICATE OF DEATH</b>				Certificate No.	
1. DECEDENT'S LEGAL NAME <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">(First, Middle, Last, Suffix)</span>					
Place Of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
Date and Time of Death or Found Dead	3a. (Month)	(Day)	(Year-yyyy)	3b. Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
				4. Sex	5. OCME Case No.

### Current eVital screen, no changes made to eVital

Decedent Name

First	Middle	Other Middle
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Last	Suffix	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text" value="Select one"/>	

2. **Question 4:** Adding option of X for decedent sex to capture gender identity

- a. **Original:** Male, Female, Unknown, Undetermined
- b. **New:** Male, Female, Unknown, Undetermined and X
- c. **Purpose:** To provide option of a gender marker for persons who do not identify exclusively as female or male

**Current Death certificate (Medical Examiner)**

DATE FILED		THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE				
		<b>CERTIFICATE OF DEATH</b>			Certificate No.	
1. DECEDENT'S LEGAL NAME _____ <small>(First, Middle, Last)</small>						
Place Of Death	2a. New York City	2c. Type of Place		4 <input type="checkbox"/> Nursing Home/Long Term Care Facility		2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival		5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____		
Date and Time of Death or Found Dead	3a. (Month) (Day) (Year-yyyyy)			3b. Time	<input type="checkbox"/> AM <b>4. Sex</b> <input type="checkbox"/> PM	5. OCME Case No.

**Current eVital screen**

**Sex**

x ^

Male

**Male**

Female

Undetermined

Unknown

**Updated Death certificate (Medical Examiner)**

DATE FILED		THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE				
		<b>CERTIFICATE OF DEATH</b>			Certificate No.	
1. DECEDENT'S LEGAL NAME _____ <small>(First, Middle, Last, Suffix)</small>						
Place Of Death	2a. New York City	2c. Type of Place		4 <input type="checkbox"/> Nursing Home/Long Term Care Facility		2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	2b. Borough	1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival		5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____		
Date and Time of Death or Found Dead	3a. (Month) (Day) (Year-yyyyy)			3b. Time	<input type="checkbox"/> AM <b>4. Sex</b> <input type="checkbox"/> PM	5. OCME Case No.

**New eVital screen**

**Sex (Gender Identity)**

Female

Male

Female

Undetermined

Unknown

X

**3. Question 21:** Remove “if wife” from surviving spouse’s name

- a. **Original:** Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last)
- b. **New:** Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last)
- c. **Purpose:** To make language gender neutral

**Current Death certificate (Medical Examiner)**

19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown	21. Surviving Spouse's/Partner's Name (if wife, name prior to first marriage)(First, Middle, Last)
22. Father's Name (First, Middle, Last)		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)

**Current eVital screen**

Surviving Spouse/Partner Name

Is Spouse/Partner Informant?

**First**

**Middle**

**Last (if Wife, Name Prior to First Marriage)**

**Suffix**

Select one

**Updated Death certificate (Medical Examiner)**

19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown	21. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last)
22. Father/Parent Name (prior to first marriage) (First, Middle, Last)		23. Mother/Parent Name (prior to first marriage) (First, Middle, Last)

**New eVital screen**

Surviving Spouse/Partner Name

Is Spouse/Partner Informant?

**First**

**Middle**

**Last (Name Prior to First Marriage)**

**Suffix**

4. **Question 22 and 23:** Add 'Parent' to labeling

- a. **Original:** Father's Name (First, Middle, Last); Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
- b. **New:** Father/Parent Name (Prior to first marriage) (First, Middle, Last); Mother/Parent Name (Prior to first marriage) (First, Middle, Last)
- c. **Purpose:** To make language gender neutral

**Current Death certificate (Medical Examiner)**

19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown	21. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)
22. Father's Name (First, Middle, Last)		23. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)

**Updated Death certificate (Medical Examiner)**

19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown	21. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last)
22. Father/Parent Name (prior to first marriage) (First, Middle, Last)		23. Mother/Parent Name (prior to first marriage) (First, Middle, Last)

**Current eVital screen, no changes made to eVital**

Father/Parent Name  
 Is Father/Parent Informant ?

**First\***

**Middle**

**Last\***

**Suffix**  
 Select one ▼

Mother/Parent Name (Prior to First Marriage)  
 Is Mother/Parent Informant ?

**First\***

**Middle**

**Last**

**Suffix**  
 Select one ▼

5. **Question 27:** Adding Latino to ancestry label

- a. **Original:** Hispanic
- b. **New:** Hispanic/Latino
- c. **Purpose:** To be more inclusive and match the US Standard Death Certificate

**Current Death Certificate (Medical Examiner)**

To be filled in by <b>FUNERAL DIRECTOR</b> or, in case of City Burial, by OCME	
<p>27. Ancestry (Check one box and specify)</p> <p><input checked="" type="checkbox"/> <b>Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)</b></p> <p>Specify _____</p> <p><input type="checkbox"/> <b>NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)</b></p> <p>Specify _____</p>	<p>28. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)</p> <p>01 <input type="checkbox"/> White                      02 <input type="checkbox"/> Black or African American</p> <p>03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____</p> <p>04 <input type="checkbox"/> Asian Indian                      05 <input type="checkbox"/> Chinese</p> <p>06 <input type="checkbox"/> Filipino                              07 <input type="checkbox"/> Japanese</p> <p>08 <input type="checkbox"/> Korean                              09 <input type="checkbox"/> Vietnamese</p> <p>10 <input type="checkbox"/> Other Asian—Specify _____</p> <p>11 <input type="checkbox"/> Native Hawaiian              12 <input type="checkbox"/> Guamanian or Chamorro</p> <p>13 <input type="checkbox"/> Samoan</p> <p>14 <input type="checkbox"/> Other Pacific Islander—Specify _____</p> <p>15 <input type="checkbox"/> Other—Specify _____</p>

**Current eVital screen**

**Ancestry\***

Select one ^

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Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)

Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)

**Unknown**

**Updated Death certificate (Medical Examiner)**

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by OCME

<p>27. Ancestry (Check one box and specify)</p> <p><input checked="" type="checkbox"/> Hispanic/Latino (Mexican, Puerto Rican, Cuban, Dominican, etc.)</p> <p>Specify _____</p> <p><input type="checkbox"/> NOT Hispanic/Latino (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)</p> <p>Specify _____</p>	<p>28. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)</p> <p>01 <input type="checkbox"/> White                      02 <input type="checkbox"/> Black or African American</p> <p>03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____</p> <p>04 <input type="checkbox"/> Asian Indian                      05 <input type="checkbox"/> Chinese</p> <p>06 <input type="checkbox"/> Filipino                              07 <input type="checkbox"/> Japanese</p> <p>08 <input type="checkbox"/> Korean                              09 <input type="checkbox"/> Vietnamese</p> <p>10 <input type="checkbox"/> Other Asian—Specify _____</p> <p>11 <input type="checkbox"/> Native Hawaiian              12 <input type="checkbox"/> Guamanian or Chamorro</p> <p>13 <input type="checkbox"/> Samoan</p> <p>14 <input type="checkbox"/> Other Pacific Islander—Specify _____</p> <p>15 <input type="checkbox"/> Other—Specify _____</p>
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**New eVital screen**

**Ancestry\***

Select one ^

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Hispanic/Latino (Mexican, Puerto Rican, Cuban, Dominican, etc.)

NOT Hispanic/Latino (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)

**Unknown**