Guidance on Changes to the New York City Department of Health and Mental Hygiene’s Certificate of Death (VR15)

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**

![Current Death certificate image]

**Updated Death certificate**

![Updated Death certificate image]

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

![Current eVital screen image]
2. **Question 4:** Adding option of Gender X for decedent sex to capture gender identity  
   a. **Original:** Male or Female  
   b. **New:** Male, Female, or X  
   c. **Purpose:** To provide option of a gender marker for persons who do not identify exclusively as female or male

**Current Death certificate**

![Current Death certificate]

**Current eVital screen**

![Current eVital screen]

**Updated Death certificate**

![Updated Death certificate]
New eVital screen

3. **Question 6**: Change label for name of certifier
   a. **Original**: Name of physician
   b. **New**: Name of medical certifier
   c. **Purpose**: To be more accurate per New York City Health Code 205.05

Current Death certificate

Current eVital screen, no changes made to eVital
Updated Death certificate

4. **Question 6 and after Question 30**: Add additional options for medical certifier
   a. **Original**: MD or DO
   b. **New**: MD, DO, NP, RPA
   c. **Purpose**: To be more accurate per New York City Health Code 205.05

Current Death certificate
Updated Death certificate

<table>
<thead>
<tr>
<th>Place Of Death</th>
<th>Type of Place</th>
<th>Name of Hospital or other facility (if not facility, street address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>1 Hospital Inpatient</td>
<td>orrent HomeLong Term Care Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time of Death</th>
<th>Month</th>
<th>Day</th>
<th>Year-yyyyy</th>
<th>Time</th>
<th>Sex</th>
</tr>
</thead>
</table>

5. **Question 17**: 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
Current eVital screen (Family Members Page)

Surviving Spouse/Partner Name

Is Spouse/Partner informant?

First

Middle

Last (if Wife, Name Prior to First Marriage)

Suffix

Select one

Updated Death certificate

[Image of a certificate of death document]
New eVital screen (Family Members Page)

Surviving Spouse/Partner Name

☐ Is Spouse/Partner Informant?

First

Middle

Last (Name Prior to First Marriage)

Suffix

Select one

6. **Question 18 and 19**: 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
Current eVital screen, no changes made to eVital

Updated Death certificate

[Image of a death certificate with highlighted fields]

- Father/Parent Name
  - First
  - Last

- Mother/Parent Name (Prior to First Marriage)
  - First
  - Last

- Date Filed: The City of New York – Department of Health and Mental Hygiene
- Certificate of Death
- Certificate No.
- 1. Decedent’s Legal Name
  - First, Middle, Last, Suffix

- Place of Death
- Date and Time of Death
  - Date
  - Time

- Certificate: I certify that death occurred at the time and place indicated and that to the best of my knowledge, the cause of death is natural.

- Name of Medical Certifier
- Signature

- 7a. Usual Residence State
- 7b. County
- 7c. City or Town
- 8a. Date of Birth
  - Month
  - Day
  - Year

- 8b. Age at last birthday (years)

- 9a. Place of Birth
- 9b. Mother’s Parent’s Name

- 9c. Father’s Parent’s Name

- 10. Social Security No.

- 11a. Usual Occupation (Type of work done during most of working life)

- 13. Birthplace (City & State or Foreign Country)

- 14. Education (Check the box that best describes the highest level of education completed at the time of death)

- 15. Ever in U.S. Armed Forces? Yes / No

- 16. Marriage/Partnership Status at time of death

- 17. Surviving Spouse’s or Partner’s Name (prior to first marriage) (First, Middle, Last)
7. **Question 23**: Adding Latino to ancestry label
   1. **Original**: Hispanic
   2. **New**: Hispanic/Latino
   3. **Purpose**: To be more inclusive and match the US Standard Death Certificate

**Current Death certificate**

**Current eVital screen**

**Updated Death certificate**
### New eVital screen

<table>
<thead>
<tr>
<th>Ancestry</th>
<th>Hispanic/Latino (Mexican, Puerto Rican, Cuban, Dominican, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origin</td>
<td>Latino</td>
</tr>
</tbody>
</table>