



## HOW DO I REPORT DEATHS IN EVERS? (Funeral Homes)

Log into NYC MED first via web address [www.nyc.gov/nycmed](http://www.nyc.gov/nycmed).

The screenshot shows the NYC MED Login page in an Internet Explorer browser. The page has a header with the NYC Health logo and navigation links. The main content area is titled "Sign-Up For a NYC MED Account" and "Sign in with your NYC MED Account". A green callout box points to the "Sign in" button, stating: "Enter your NYC MED username and password and click Sign in". Another green callout box points to the "Need Help?" link, stating: "For Assistance with your NYC MED login call the NYC MED helpdesk". The "Need Help?" link leads to a page with contact information: "NYC MED Email: [nycmed@health.nyc.gov](mailto:nycmed@health.nyc.gov)" and "Helpdesk: 1-888-NYC MED-9". Below the login section is a section titled "APPLICATIONS" with three columns: "Agency Services", "Community Services", and "Provider Services".

**Sign-Up For a NYC MED Account**  
NYC MED is the point of entry for providers to access many NYC...  
Learn about and access other reporting platforms and services at both the city and federal level in this section as well.

**HEALTH ALERT NETWORK**  
The Health Alert Network (HAN) contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers in New York City may access the HAN.

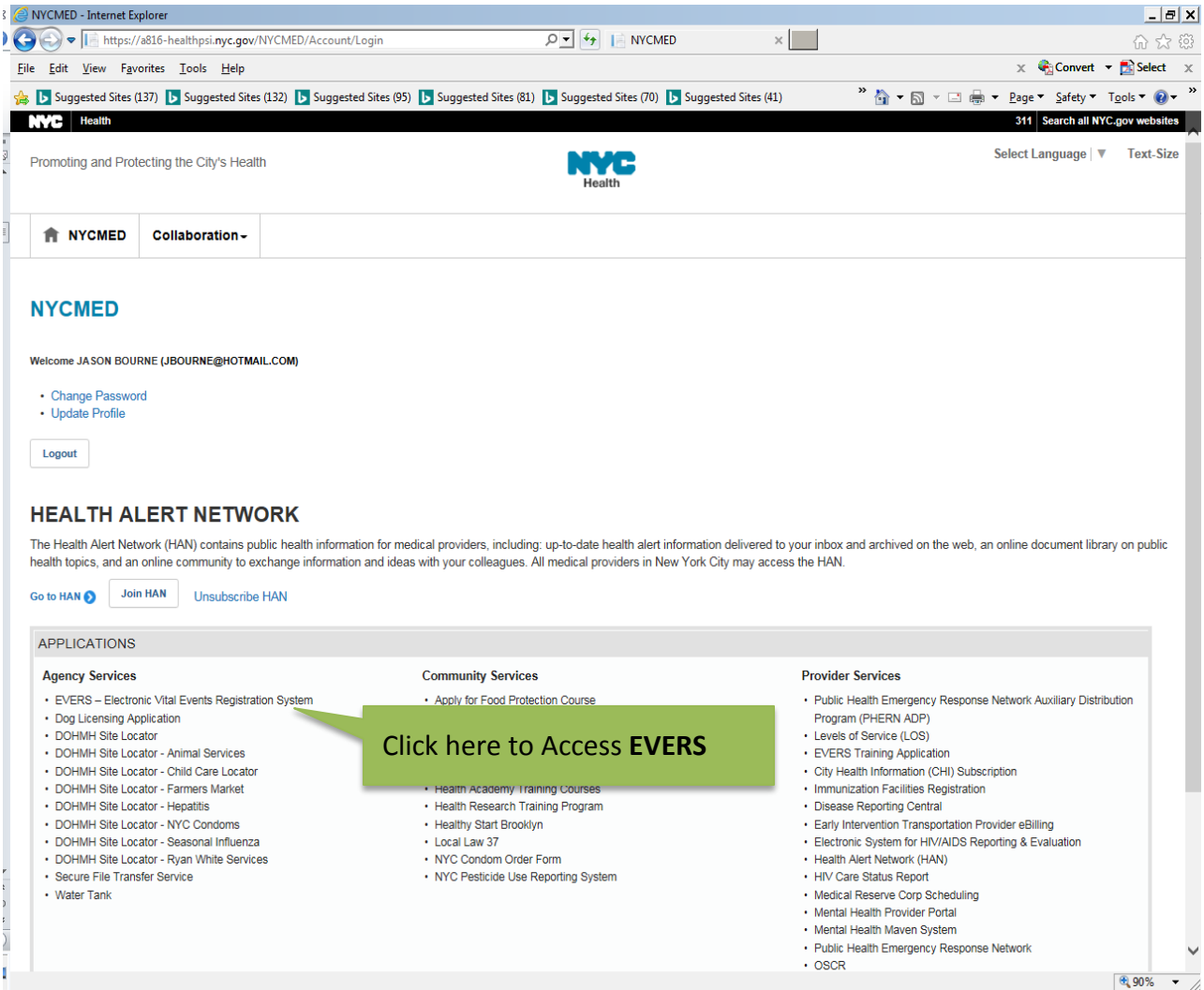
[Go to HAN](#) [Join HAN](#) [Unsubscribe HAN](#)

**Sign in with your NYC MED Account**  
Enter your User ID  
Password  
[Sign in](#)  
[Create an account](#)  
[I don't know my password](#)

**Need Help? I don't know my username or having other problems signing in?**  
NYC MED Email: [nycmed@health.nyc.gov](mailto:nycmed@health.nyc.gov)  
Helpdesk: 1-888-NYC MED-9

**APPLICATIONS**

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none"><li>EVERS – Electronic Vital Events Registration System</li><li>Dog Licensing Application</li><li>DOHMH Site Locator</li><li>DOHMH Site Locator - Animal Services</li><li>DOHMH Site Locator - Child Care Locator</li><li>DOHMH Site Locator - Farmers Market</li><li>DOHMH Site Locator - Hepatitis</li><li>DOHMH Site Locator - NYC Condoms</li><li>DOHMH Site Locator - Seasonal Influenza</li><li>DOHMH Site Locator - Ryan White Services</li><li>Secure File Transfer Service</li><li>Water Tank</li></ul>	<ul style="list-style-type: none"><li>Apply for Food Protection Course</li><li>Childcare Connect</li><li>Environmental Data Exchange Network</li><li>Epi Query</li><li>Group Child Care and Summer Camp Orientation</li><li>Health Academy Training Courses</li><li>Health Research Training Program</li><li>Healthy Start Brooklyn</li><li>Local Law 37</li><li>NYC Condom Order Form</li><li>NYC Pesticide Use Reporting System</li></ul>	<ul style="list-style-type: none"><li>Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)</li><li>Levels of Service (LOS)</li><li>EVERS Training Application</li><li>City Health Information (CHI) Subscription</li><li>Immunization Facilities Registration</li><li>Disease Reporting Central</li><li>Early Intervention Transportation Provider eBilling</li><li>Electronic System for HIV/AIDS Reporting &amp; Evaluation</li><li>Health Alert Network (HAN)</li><li>HIV Care Status Report</li><li>Medical Reserve Corp Scheduling</li></ul>



## EVERS Login

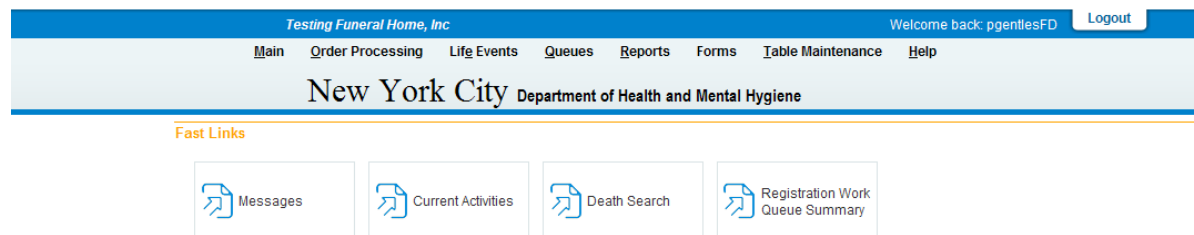
Your System Administrator or the Health Department will assign a unique username and password for you to use to log in to EVERS:

The **EVERS Login Page** displays.



**Please note:** The **User Name** and **Password** fields for EVERS are case sensitive.

The **EVERS Home Page** displays.



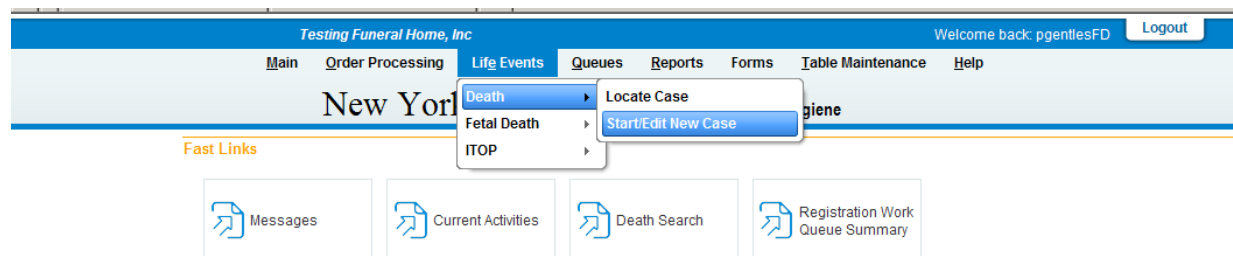
Clicking on the **Current Activities** link displays a list of queues that contain records requiring your immediate attention. This link is part of the **Home Page** so that you have quick access to items that you need to address.

Clicking on the name of the queue opens a screen that displays all the records associated with the selected queue.

The **Messages** link displays a list of messages that have been sent to you or to the funeral home you selected when you logged into EVERS. Clicking the name in the **from** field opens a pop-up **Message** screen that displays the full message.

### Starting a New Death Case

From the home page, click **Life Events**, **Death** and **Start/Edit New Case**.



Enter the decedent's **Last Name**, **Date of Death** and **Gender** information, which are required fields. Click the **Search** button.

The case(s) matching the information you entered will display on the **Results** screen. *(If not, verify that the*

information you entered is the same as the information that was entered by the medical facility).

Testing Funeral Home, Inc. Welcome back: pgentlesFD Logout

Main Order Processing **Life Events** Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case New Search

**Please note:** If more than one case is listed, click the **Preview** link to determine the correct case.

Testing Funeral Home, Inc. Welcome back: pgentlesFD Logout

Main Order Processing **Life Events** Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case New Search

To take ownership of the case, Click the **decendent's name**, and then click **OK** to become the owner of the case.

Testing Funeral Home, Inc. Welcome back: pgentlesFD Logout

Main Order Processing **Life Events** Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case New Search

Windows Internet Explorer

? The Case you have selected is an un-owned case. Press OK to become the owner of this case or Cancel to return to the list.

OK Cancel

## [Decedent Page](#)

Enter **Social Security Number**, **Date of Birth**, and **Age** (age at the time of death) for the decedent. If the decedent has no SSN or it is unknown, click the radio button beside the **None** or **Unknown** option. If the decedent's date of birth is unknown, enter 99-99-9999 for the DOB. If the age of the decedent is unknown, enter 999. Click the [Verify SSN](#) link to verify the SSN entered for the decedent with Social Security Administration.

In the **Decedent's Birth Place** area, enter the **City or Town**, **State** and **Country** information in the appropriate fields. If the decedent's city or town, state and country are unknown, enter *Unknown* in each field. They should not be left blank.

Click on the dropdown for the **Ever in US Armed Forces** field and make a selection. Click **Validate Page** and then click **Next** to go to the next page.

**Please note:** **Validate Page** checks for errors and saves the data. If there are errors on the page, correct them before going to the next page.

Testing Funeral Home, Inc. Welcome back: pgenilesFD Logout

Main Order Processing Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Death Registration Menu

12512830 :Test Testing JUN-08-2012

Personal InvalidFact of Death ValidMedical ValidNot Registered/UnsignedPronounced/CertifiedNAFIPS Coding RequiredPersonal PendingICD Coding RequiredMedical Pending

**Decedent**

Will medical institution be responsible for final disposition? No

Infant Identifier

Decedent Name Presumed? Confirmed ID

**Decedent's Legal Name**

Prefix First Middle Other Middle Last Suffix

Aliases

Add/Edit Alias Names Click here to add Alias

Gender Male Social Security Number 123-45-6789 None Unknown

Date of Birth JAN-01-1920 Age 92 Years Months Days Under 1 Year Under 1 Day Hours Minutes SSN Verification Status UNVERIFIED (0) Verify SSN

**Decedent's Birth Place**

City or Town New York State New York Country United States

Ever in US Armed Forces? No

Validate Page Next Clear Save Return

## [Resident Address Page](#)

The **Resident Address** screen is used to capture the decedent's last known address. Note that **Street Number**, **Street Name**, **Designator**, **Directionality**, **Apartment Number**, **City or Town**, **County**, **State**, **Country** and **Zip Code** are all separated into individual fields. When you are done entering data on the screen, click the **Validate Page** button. Correct any validation errors on the page and click the **Next** button.

Testing Funeral Home, Inc. Welcome back: pgenfesFD Logout

Main Order Processing Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

12512830 :Test Testing JUN-08-2012

Personal InvalidFact of Death ValidMedical ValidNot RegisteredUnsignedPronouncedCertifiedNAPersonal PendingICD Coding Required

Resident Address

Address

Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number

200 Main Lane 48

City or Town County State Country Zip Code

New York New York New York United States 10151

Inside City Limits Yes

Validate Page Next Clear Save Return

## [Family Members Page](#)

The **Family Members** screen collects data relevant to the decedent's survivors. Click on the **Marital Status** dropdown field and select the decedent's marital status at the time of death.

In the **Surviving Spouse's/Partner's Name** area, enter **First**, **Middle**, **Last** name and **Suffix** information for the decedent's surviving spouse.

**Please note:** If the surviving spouse is the decedent's wife, enter her name prior to her first marriage. (Enter her maiden name).

In the **Father's Name** area, enter **First**, **Middle**, **Last** name and **Suffix** information for the decedent's father.

In the **Mother's Maiden Name Prior to First Marriage** area, enter **First**, **Middle**, **Last** name and **Suffix** information for the decedent's mother prior to first marriage.

Testing Funeral Home, Inc. Welcome back: pgenfesFD Logout

Main Order Processing Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

12512830 :Test Testing JUN-08-2012

Personal InvalidFact of Death ValidMedical ValidNot RegisteredUnsignedPronouncedCertifiedNAPersonal PendingICD Coding Required

Family Members

Marital Status Married Other Specify

Surviving Spouse's/Partner's Name

First Middle Last (Wife, name prior to first marriage) Suffix

Jane Test Test

Father's Name

First Middle Last Suffix

Mark Testing

Mother's Maiden Name Prior to First Marriage

First Middle Last Suffix

She

Validate Page Next Clear Save Return

Click **Validate Page**, correct any validation errors on the page and click the **Next** button.

## Informant Page

The **Informant** page is designed to gather information relevant to the person reporting the death. This may be a spouse, a child, or someone who is not related to the decedent.

In the **Informant Name** area, enter **First, Middle, Last** name and **Suffix** information for the Informant.

In the **Relationship to Decedent** dropdown field, select the appropriate value.

In the **Street Number** field, enter the informant's street number. In the **Pre Directional** dropdown field, select the appropriate value or leave blank as necessary. In the **Street Name** field, enter the informant's street name. In the **Street Designator** drop down field, select the appropriate value. In the **Post Directional** dropdown field, select the appropriate value or leave blank as necessary. In the **Apartment Number** field, enter the apartment number of the informant or leave blank as necessary. Enter **City or Town, State, Country** and **Zip Code** information in the appropriate fields.

In the **Individual Authorizing Disposition** area, enter information for the individual authorizing disposition. If the individual authorizing disposition is the same as the informant, click the **Same As Informant** box. Otherwise, enter **First, Middle, Last** name, **Suffix** and **Relationship to Decedent** information in the appropriate fields.

Click **Validate Page**, correct any validation errors on the page and click the **Next** button.

The screenshot shows the 'Informant' page in the 'Testing Funeral Home, Inc.' system. The page header includes the company name, a welcome message, and a 'Logout' button. The main navigation bar contains links for 'Main', 'Order Processing', 'Life Events', 'Queues', 'Reports', 'Forms', 'Table Maintenance', and 'Help'. The page title is 'New York City Department of Health and Mental Hygiene'. The left sidebar shows a 'Death Registration Menu' with options like 'Personal Information', 'Decedent', 'Resident Address', 'Family Members', 'Informant', 'Disposition', 'Decedent Attributes', 'Medical Certification', 'Cause of Death', 'Other Links', 'Comments', 'Print Forms', 'Relinquish Case', 'Trade Calls', and 'Validate Registration'. The main content area shows the 'Informant' form for '12512830 :Test Testing JUN-08-2012'. The form includes fields for 'Informant Name' (First, Middle, Last, Suffix), 'Relationship to Decedent' (Dropdown), 'Address' (Street Number, Pre Directional, Street Name, Street Designator, Post Directional, Apartment Number), 'City or Town', 'State', 'Country', and 'Zip Code'. The 'Individual Authorizing Disposition' section has a 'Same As Informant' checkbox, which is checked. A green callout box points to this checkbox with the text 'Click here if Individual Authorizing Disposition is same as Informant'. At the bottom, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'. The 'Next' button is highlighted with a red box.



## Disposition Page


From the **Method of disposition** dropdown field, select the appropriate value. If the method of disposition is cremation, please follow instructions in [How do I request cremation clearance?](http://www.nyc.gov/evers) ([www.nyc.gov/evers](http://www.nyc.gov/evers)).

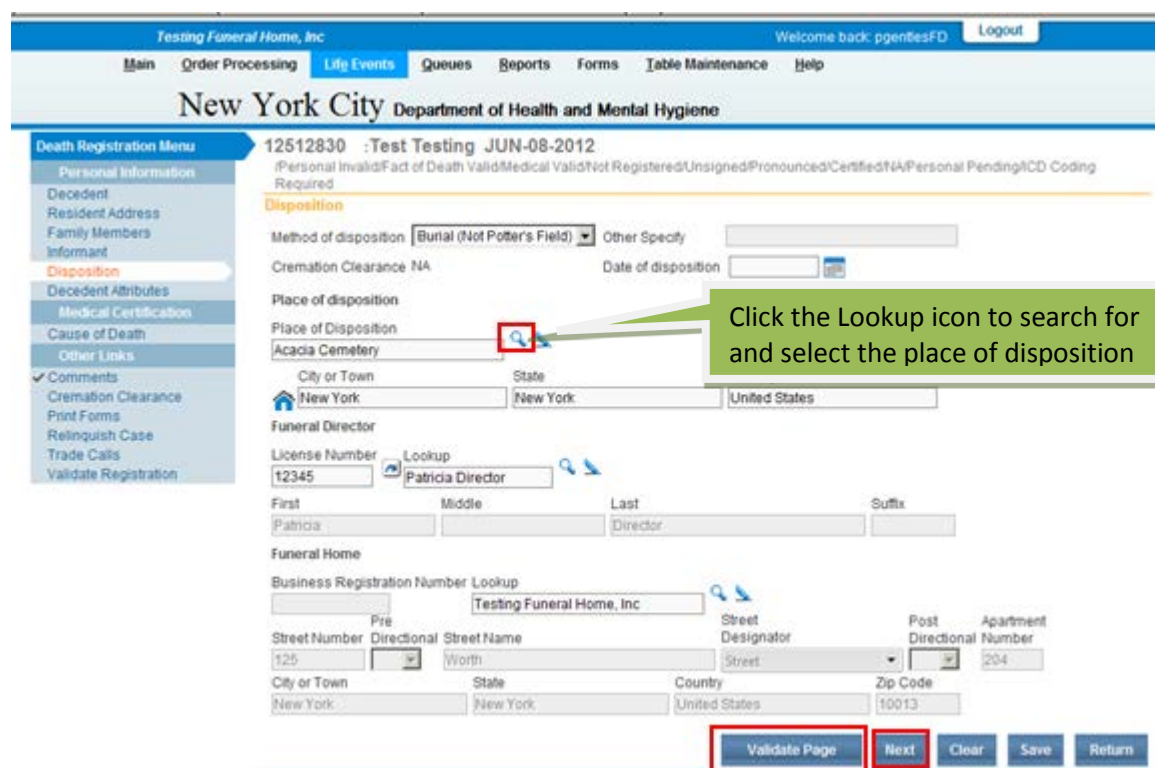
In the **Date of disposition** field, enter the date of disposition.

In the **Place of disposition** area, click the **Lookup** icon (magnifying glass) to select the place of disposition. Search for and select the name of the cemetery/crematorium from the places listed in the search results.

*If the place of disposition is not in the lookup, you may type the information in the appropriate fields.*

**Please note:** The **Funeral Director** and **Funeral Home** areas are auto-populated with information based on who is logged in EVERS.

*If the person entering the data is not a funeral director the Funeral Director information will not populate. He or she has to click on the look up  to locate the Funeral Director's name.*



Testing Funeral Home, Inc. Welcome back: pgentesFD Logout

Main Order Processing Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

12512830 :Test Testing JUN-08-2012  
(Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/Pronounced/Certified/NA/Personal Pending/CD Coding Required)

**Disposition**

Method of disposition: Burial (Not Potter's Field) Other Specify

Cremation Clearance: NA Date of disposition

Place of disposition

Place of Disposition: Acacia Cemetery

City or Town: New York State: New York United States

Funeral Director

License Number: 12345 Lookup: Patricia Director

First: Patricia Middle: Last: Director Suffix:

Funeral Home

Business Registration Number: Testing Funeral Home, Inc

Street Number: 125 Directional: North Street Name: Worth Street Designator: Street Post Directional: 204 Apartment Number:

City or Town: New York State: New York Country: United States Zip Code: 10013

Validate Page Next Clear Save Return

Click **Validate Page**, correct any validation errors on the page and click the **Next** button.



## [Decedent Attributes Page](#)

The **Decedent Attributes** page is used to collect information on the decedent's occupation, education, ancestry and race.

In the **Decedent's occupation** field, enter the decedent's occupation. If unknown, enter *Unknown*.

In the **Decedent's industry** field, enter the industry in which the decedent worked. If unknown, enter *Unknown*.

From the **Decedent's education** dropdown field, select the highest level of education that the decedent achieved.

In the **Ancestry** area, select the appropriate radio button, or circle, that describes the ancestry of the decedent.

Testing Funeral Home, Inc. Welcome back: pgentlesFD Logout

Main Order Processing Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes**
- Medical Certification
- Cause of Death
- Other Links
- ✓ Comments
- Cremation Clearance
- Print Forms
- Relinquish Case
- Trade Calls
- Validate Registration

12512830 :Test Testing JUN-08-2012

Personal InvalidFact of Death ValidMedical ValidNot RegisteredUnsignedPronouncedCertifiedNAI Required

**Decedent Attributes**

Decedent's occupation: Teacher Decedent's industry: Education

Decedent's education: Master's Degree

**Ancestry**

(Check one box and Specify)

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

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

☐ Unknown

☒ African American

**Race**

Race as defined by the U.S. Census (check one or more to indicate what the decedent considered himself or herself to be)

☐ White ☐ Japanese ☐ Samoan ☐ Other Asian (specify)

☒ Black or African American ☐ Native Hawaiian ☐ Korean ☐ Other Pacific Islander (specify)


☐ American Indian or Alaska Native (specify tribe) ☐ Guamanian or Chamorro ☐ Vietnamese ☐ Other (Specify)

☐ Chinese ☐ Filipino ☐ Asian Indian ☐ Unknown

Validate Page Next Clear Save Return

If the Ancestry is Hispanic, select the Hispanic button then click on the dropdown and specify the Hispanic Origin.

If the Ancestry is Non-Hispanic, click the Lookup icon and enter the Non-Hispanic origin.

The  icon is called the Look-up icon. If you are specifying a Non-Hispanic ancestry, you must choose the ancestry from the Look-up menu by clicking on the Lookup icon.

A pop up window will be displayed as follows:

Decedent Attributes

Decedent's education: Master's Degree

**Ancestry**

(Check one box and Specify)

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

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

☐ Unknown

☒ African American

**Race**

Race as defined by the U.S. Census (check one or more to indicate what the decedent considered himself or herself to be)

☐ White ☐ Japanese ☐ Samoan ☐ Other Asian (specify)

☒ Black or African American ☐ Native Hawaiian ☐ Korean ☐ Other Pacific Islander (specify)

☐ American Indian or Alaska Native (specify tribe) ☐ Guamanian or Chamorro ☐ Vietnamese ☐ Other (Specify)

☐ Chinese ☐ Filipino ☐ Asian Indian ☐ Unknown

Validate Page Next Clear Save Return

Search

Description: African American

Id: 2170

Description: African American

Total records: 1

Cancel

Click here to search for and select the Non-Hispanic origin

Enter the first letter of the ancestry, and then the % sign to do a wild-card search. For example, to search for and select ancestry “**African American**” you would enter **A%** in the **Description** field and click the **Search** button. Clicking the Search button will display all records starting with an A in the search results list as shown on the page below:

**Death Registration Menu** 12512830 :Test Testing JUN-08-2012  
 /Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/Pronounced/Certified/NA/Personal Pending/ICD Coding Required

**Decedent Attributes**

Decedent's occupation: Teacher Decedent's industry: Education

**Search Results:**

Id	Description	select
2169	Afghan	select
2170	African American	select
2171	Albanian	select
2172	Aleutian	select
2173	Algerian	select
2457	American	select
2175	Amish	select
2176	Andorran	select
2177	Anglo Saxon	select
2178	Angolan	select

First 1 2 Last Total records : 18

Click the [select](#) link next to the ancestry description that best describes the decedent. It will populate the Non-Hispanic ancestry field on the screen as indicated below:

**NEW YORK City Department of Health and Mental Hygiene**

**Death Registration Menu** 12512830 :Test Testing JUN-08-2012  
 /Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/Pronounced/Certified/NA/Personal Pending/ICD Coding Required

**Decedent Attributes**

Decedent's occupation: Teacher Decedent's industry: Education

Decedent's education: Master's Degree

**Ancestry**  
 (Check one box and Specify)

☐ Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)  
☐ Non Hispanic (Italian, African, American, H:  
 African American

☐ Unknown

**Race**  
 Race as defined by the U.S. Census (check one or more to indicate what the decedent considered himself or herself to be)

☐ White ☐ Japanese ☐ Samoan ☐ Other Asian (specify)  
☒ Black or African American ☐ Native Hawaiian ☐ Korean ☐ Other Pacific Islander (specify)  
☐ American Indian or Alaska Native (specify tribe) ☐ Guamanian or Chamorro ☐ Vietnamese ☐ Other (Specify)  
☐ Chinese ☐ Filipino ☐ Asian Indian ☐ Unknown

Validate Page Next Clear Save Return

Click the Eraser icon if you wish to clear the Non-Hispanic ancestry data

In the **Race** area, check one or more boxes which best describe what the decedent considered him/herself to be. Click **Validate Page**, correct any validation errors on the page and click the **Next** button.

## Signing and Completing Affirmations

The **Sign** link will appear under the **Decedent Attributes** link on the left hand side of the screen in the **Death Registration Menu** after all pages in the case have been completed/validated and all edit rules have been addressed or overridden.

The screenshot shows the 'Death Registration Menu' for 'Testing Funeral Home, Inc.' with the case ID '12512830 :Test Testing JUN-08-2012'. The left sidebar lists various menu items, with 'Sign' highlighted under 'Decedent Attributes'. The main content area shows 'Decedent Attributes' with fields for 'Decedent's occupation' (Teacher), 'Decedent's industry' (Education), and 'Decedent's education' (Master's Degree). There is also a section for 'Ancestry' with a checkbox for 'Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)' and a text field for 'Other Specify:'.

Click the **Sign** link and complete the affirmations as indicated on the following page.

Click the box that reads: **By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.**

Click the **Affirm** button.

The screenshot shows the 'Affirmations' section of the 'Death Registration Menu'. The left sidebar lists menu items, with 'Sign' highlighted under 'Decedent Attributes'. The main content area shows the 'Affirmations' section with a checkbox labeled 'By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.' A green callout box points to this checkbox with the text 'Check the Affirmation box'. To the right of the checkbox is a fingerprint scanner area labeled 'Place Finger'. At the bottom, there are three buttons: 'Affirm', 'Clear', and 'Return'. A green callout box points to the 'Affirm' button with the text 'Click Affirm'.

Place finger on the finger print scanner / biometric device as instructed by your System Administrator during your initial biometric enrollment.

The screenshot shows the 'New York City Department of Health and Mental Hygiene' web application. The top navigation bar includes 'Main', 'Order Processing', 'Life Events', 'Queues', 'Reports', 'Forms', 'Table Maintenance', and 'Help'. The user is logged in as 'pgentlesFD'. The 'Death Registration Menu' on the left lists various options, with 'Sign' highlighted and checked. The main content area displays '12512830 :Test Testing JUN-08-2012' and a status bar indicating 'Personal Valid/Fact of Death Valid/Medical Valid/Not Registered/Signed/Pronounced/Certified/NA/CD Coding Required/Registration Approval Required-Deaths'. A red box highlights the message 'Authentication successful.' in the 'Affirmations' section. 'Clear' and 'Return' buttons are at the bottom right.

If you see the message **Authentication successful** on the screen, your affirmation/authentication was successful. You now have a check mark next to the Sign link in the Death Registration Menu.

### [Printing the Burial Permit](#)

After the case is registered by the Burial Desk, the burial permit, also known as the disposition permit, will be ready for printing upon payment. In the **Death Registration Menu**, under **Other Links**, click the **Print Forms** hyperlink. To print the **Burial Permit**, you must first pay the \$40 fee. The burial permit can only be printed after payment and approval from the Health Department. Please follow instructions on submitting payment in the *[How do I order death certificate-related services in EVERS?](#)* ([www.nyc.gov/evers](http://www.nyc.gov/evers))

The screenshot shows the 'New York City Department of Health and Mental Hygiene' web application. The top navigation bar is the same as the previous screenshot. The 'Death Registration Menu' on the left lists various options, with 'Print Forms' highlighted. The main content area displays '12512830 :Test Testing JUN-08-2012' and a status bar indicating 'Personal Valid/Fact of Death Valid/Medical Valid/Registered/Signed/Pronounced/Certified/NA/CD Coding Required/Burial Permit Ready to Print'. A red box highlights the 'Burial Permit' link under the 'Print Forms' section. Other links like 'Cremation Clearance Form' and 'Work Copy' are also visible. A 'Return' button is at the bottom right.

Click the **Burial Permit** link on the **Print Forms** screen to generate the permit.

Click the **Open** button on the File Download pop up screen. In the upper left hand corner of the form (just above the official seal) click the **printer** icon.

**Warning:** Burial Permits can be printed only once. If an error occurred while printing the permit, call the Burial Desk at 212-788-4545. Verify that the form/permit printed correctly before closing the document/ PDF file.

**NEW YORK CITY**  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
JUNE 19, 2012 10:55 AM

**THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
OFFICE OF VITAL RECORDS  
**PERMIT TO DISPOSE OF OR TRANSPORT HUMAN REMAINS**

CERTIFICATE NUMBER: 156-12-000058

EVENT: (CHECK ONLY ONE) ☒ DEATH ☐ SPONTANEOUS TERMINATION ☐ INDUCED TERMINATION

NAME: First, Middle, Last: Test Testing AGE: 92 SEX: Male DATE OF EVENT: 06/08/2012

PLACE OF EVENT: NEW YORK CITY BOROUGH: Manhattan NAME OF HOSPITAL OR INSTITUTION OR STREET ADDRESS: Testing Name

CERTIFIER: NAME OF PHYSICIAN OR MEDICAL EXAMINER'S NUMBER: Patricia Doctor METHOD OF DISPOSAL: ☒ INTERMENT ☐ CREMATION CREMATION APPROVED BY: N/A N.E. CASE #

PLACE OF DISPOSITION: NAME OF CEMETERY OR CREMATORY (OR DISPOSITION): Acacia Cemetery CITY OR COUNTY AND STATE: New York, NY DATE OF DISPOSITION: 06/12/2012

THE CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE HEALTH CODE, AND ALL LAWS AND REGULATIONS GOVERNING THE PREPARATION AND DISPOSAL OF HUMAN REMAINS HAVING BEEN COMPLIED WITH, PERMISSION IS HEREBY GRANTED TO DISPOSE OF THE REMAINS AS IDENTIFIED ABOVE.

FUNERAL ESTABLISHMENT: NAME OF ESTABLISHMENT: Testing Funeral Home, Inc. ADDRESS: 125 Worth Street 204 CITY AND STATE: New York, New York N.Y. STATE REG. #

APPLICANT: NAME OF N.Y. STATE LICENSED FUNERAL DIRECTOR (PRINT): Patricia Director SIGNATURE: Patricia Director SIGNATURE ELECTRONICALLY AUTHORIZED: 12345 N.Y. STATE LIC. #

PERMISSION IS HEREBY GRANTED TO DISPOSE OF THE REMAINS AS REQUESTED ABOVE.

NOTICE: This permit is not valid without the seal of the Department of Health and Mental Hygiene, or if it has been corrected, interlined or altered in any manner.

VR 21 (REV. 2009) FEE PAID \$ 40.00 DATE: 06/19/2012 MM DD YYYY

City Registrar:  
By Patricia Gerdies

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>