



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

Log into NYC MED first via web address www.nyc.gov/nycmed.

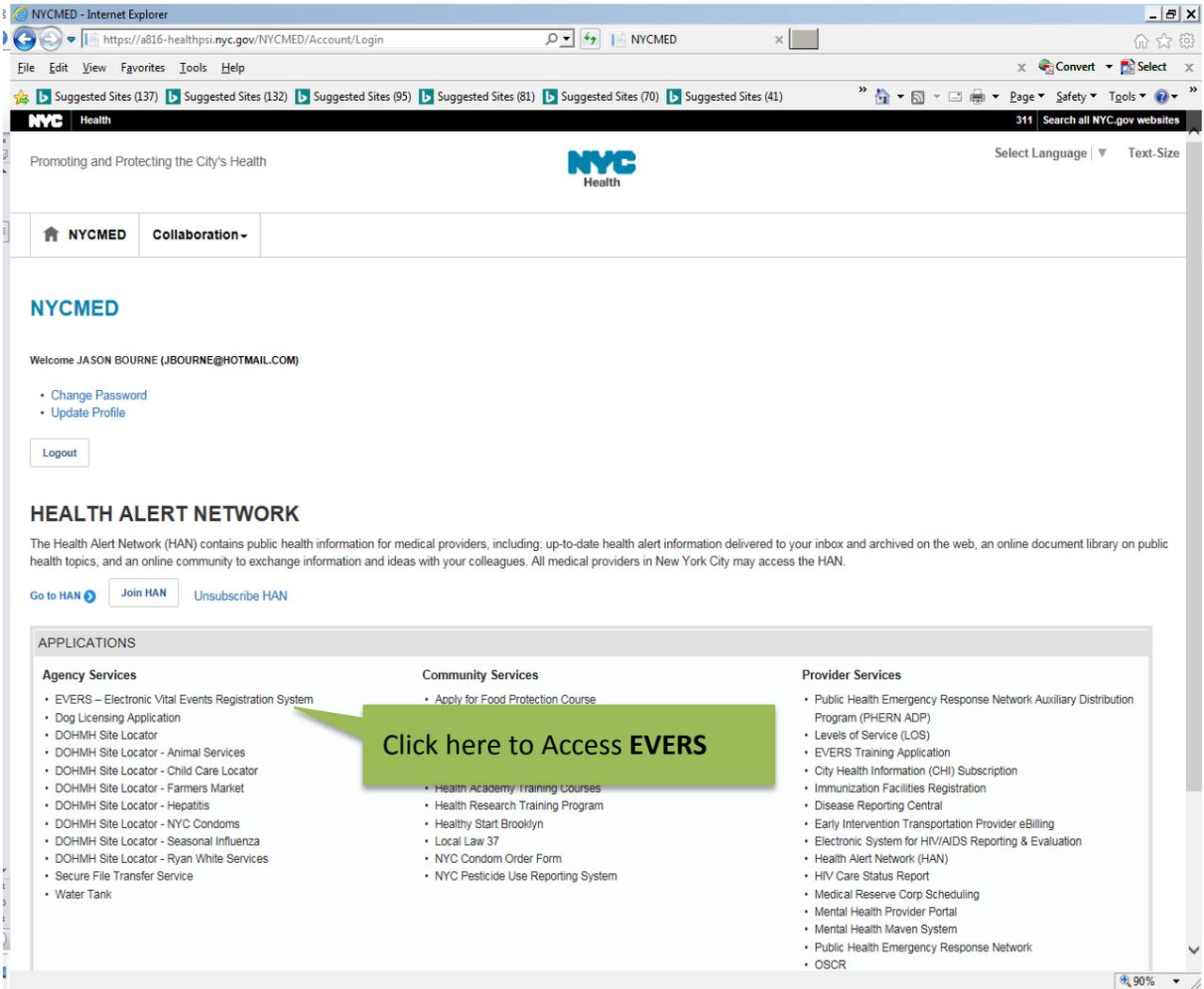
The screenshot shows the NYC MED login page in Internet Explorer. The browser address bar shows <https://s816-healthpsi.nyc.gov/NYCMED/Account/Login>. The page header includes the NYC Health logo and navigation options like 'Select Language' and 'Text-Size'. A 'NYCMED' navigation tab is active.

Two green callout boxes provide instructions:

- The first callout points to the 'Sign in with your NYC MED Account' section, which contains a form with fields for 'Enter your User ID' and 'Password', and a 'Sign in' button. Below the form are links for 'Create an account' and 'I don't know my password'.
- The second callout points to a 'Need Help?' section, which provides contact information: 'NYCMED Email: nycmed@health.nyc.gov' and 'Helpdesk: 1-888-NYCMED-9'.

The main content area includes a 'Sign-Up For a NYC MED Account' section, a 'HEALTH ALERT NETWORK' section with a 'Join HAN' button, and an 'APPLICATIONS' section with three columns of services:

- Agency Services:** EVERS – Electronic Vital Events Registration System, Dog Licensing Application, DOHMH Site Locator, DOHMH Site Locator - Animal Services, DOHMH Site Locator - Child Care Locator, DOHMH Site Locator - Farmers Market, DOHMH Site Locator - Hepatitis, DOHMH Site Locator - NYC Condoms, DOHMH Site Locator - Seasonal Influenza, DOHMH Site Locator - Ryan White Services, Secure File Transfer Service, Water Tank.
- Community Services:** Apply for Food Protection Course, Childcare Connect, Environmental Data Exchange Network, Epi Query, Group Child Care and Summer Camp Orientation, Health Academy Training Courses, Health Research Training Program, Healthy Start Brooklyn, Local Law 37, NYC Condom Order Form, NYC Pesticide Use Reporting System.
- Provider Services:** Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP), Levels of Service (LOS), EVERS Training Application, City Health Information (CHI) Subscription, Immunization Facilities Registration, Disease Reporting Central, Early Intervention Transportation Provider eBilling, Electronic System for HIV/AIDS Reporting & Evaluation, Health Alert Network (HAN), HIV Care Status Report, Medical Reserve Corp Scheduling.



EVERS Login

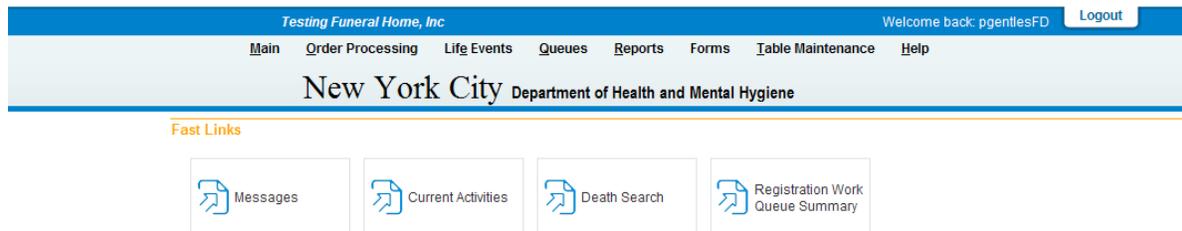
Your System Administrator or the Health Department will assign a unique username and password for you to use to log in to EVERS:

The **EVERS Login Page** displays.



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

The **EVERS Home Page** displays.



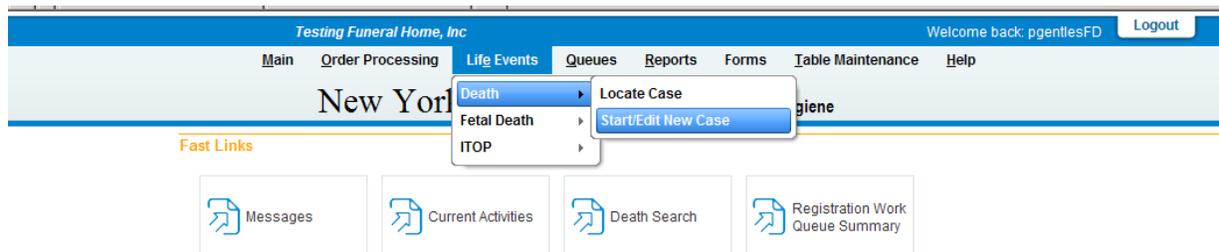
Clicking on the **Current Activities** link displays a list of queues that contain records requiring your immediate attention. This link is part of the **Home Page** so that you have quick access to items that you need to address.

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

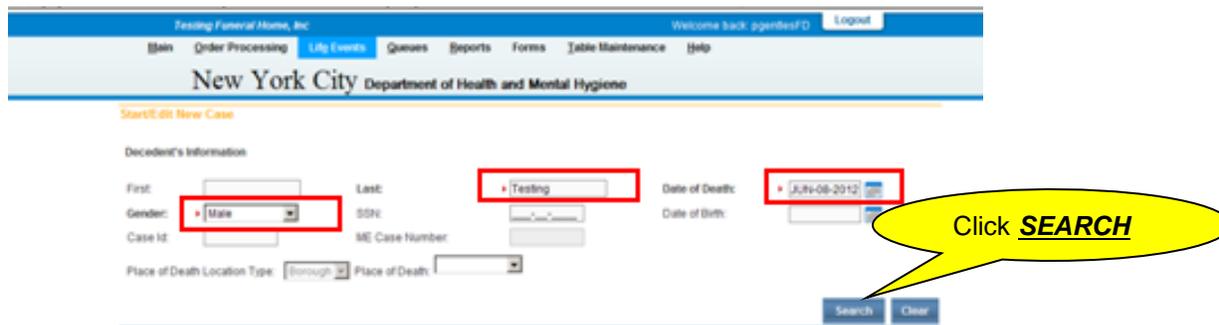
The **Messages** link displays a list of messages that have been sent to you or to the funeral home you selected when you logged into EVERS. Clicking the name in the **from** field opens a pop-up **Message** screen that displays the full message.

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	Preview
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case

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	Preview
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case

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	Preview
12512830	Testing, Test	JUN-08-2012	Male	Manhattan		Preview

Total records : 1

If case does not appear above, start new case

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.

[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.

The screenshot shows the 'New York City Department of Health and Mental Hygiene' web application. The page title is '12512830 :Test Testing JUN-08-2012'. The form includes the following fields and options:

- Decedent Name Presumed?** Confirmed ID (dropdown)
- Decedent's Legal Name:** Prefix, First (Test), Middle, Other Middle, Last (Testing), Suffix
- Aliases:** Add/Edit Alias Names (link highlighted with a green callout: 'Click here to add Alias')
- Gender:** Male (dropdown)
- Social Security Number:** 123-45-6789
- Date of Birth:** JAN-01-1920 (calendar icon), Age 92 (highlighted with a red box), Under 1 Year, Under 1 Day, Months, Days, Hours, Minutes, Verify SSN (link highlighted with a red box), SSN Verification Status: UNVERIFIED (0)
- Decedent's Birth Place:** City or Town: New York, State: New York, Country: United States
- Ever in US Armed Forces?** No (dropdown)

At the bottom right, there are buttons for **Validate Page** (highlighted with a red box), **Next**, **Clear**, **Save**, and **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: pgeniesFD 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
Pre Street Number Directional Street Name Street Designator Post Apartment
200 Main Lane 4B
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: pgeniesFD 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 [Marrned] Other Specify
Surviving Spouse's/Partner's Name
First Middle Last (If wife, name prior to first marriage) Suffix
Jane Test
Father's Name
First Middle Last Suffix
Mark Testing
Mother's Maiden Name Prior to First Marriage
First Middle Last Suffix
She Tran
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.

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

12512830 :Test Testing JUN-08-2012
/Personal InvalidFact of Death ValidMedical ValidNot Registered/Unsigned/Pronounced/CertifiedNA/Personal PendingICD Coding Required

Informant

Informant Name
First Middle Last Suffix
Patricia Testing

Relationship to Decedent Other specify

Address
Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number
125 E Worth

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

Individual Authorizing Disposition
Same As Informant

First Middle
Patricia

Relationship to Decedent Other specify

Validate Page Next Clear Save Return

[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).

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.

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

12512830 :Test Testing JUN-08-2012

Personal InvalidFact of Death ValidMedical ValidNot RegisteredUnsignedPronouncedCertifiedNAM 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

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'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

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 for: African American

Search

ID	Description
2170	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:

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	Action
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

Buttons: Cancel

Callout: 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

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: Masters Degree

Ancestry
(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
Other Specify: _____

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

Buttons: Validate Page Next Clear Save Return

Callout: 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 'Decedent Attributes' section of the web application. The left-hand menu has a 'Sign' link highlighted with a red box. The main content area shows the following fields:

- Decedent's occupation:
- Decedent's industry:
- Decedent's education:
- Ancestry: Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)

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.

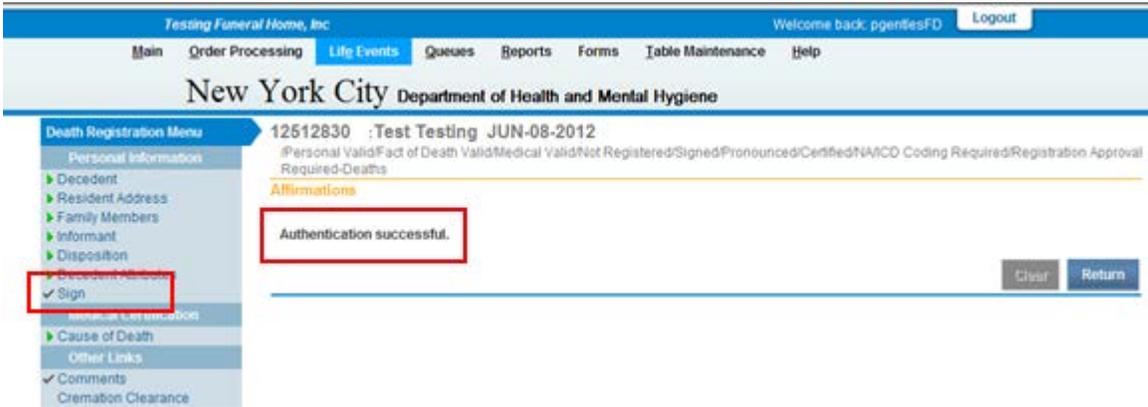
The screenshot shows the 'Affirmations' section of the web application. The left-hand menu has a 'Sign' link highlighted. The main content area shows the following:

- Affirm the following:
- 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 fingerprint scanner area with the text "Place Finger".
- Buttons: **Affirm**, **Clear**, **Return**.

Two green callout boxes are present:

- One pointing to the affirmation checkbox with the text "Check the Affirmation box".
- Another pointing 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.



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)



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
 THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 OFFICE OF VITAL RECORDS
 PERMIT TO DISPOSE OF OR TRANSPORT HUMAN REMAINS
 156-12-000058
 CERTIFICATE NUMBER

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

NAME	First, Middle, Last Test Testing	AGE	92	SEX	Male	DATE OF EVENT	MONTH 06	DAY 08	YEAR 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 Director		METHOD OF DISPOSAL	<input checked="" type="checkbox"/> INTERMENT <input type="checkbox"/> OTHER	<input type="checkbox"/> CREMATION	CREMATION APPROVED BY: NAME M.E. CASE #			
PLACE OF DISPOSITION	NAME OF CEMETERY OR CREMATORY (OR DISTRICT NAME) Acacia Cemetery		CITY OR COUNTY AND STATE New York, NY		DATE OF DISPOSITION	MONTH 06	DAY 12	YEAR 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 REQUESTED 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 <i>Patricia Director</i>	Signature Electronically Authorized	N.Y. STATE LIC. # 12345

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. 7/09) FEE PAID \$ 40.00 DATE 06 / 19 / 2012
 MM DD YYYY

City Registrar
 By Patricia Gerdes

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

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