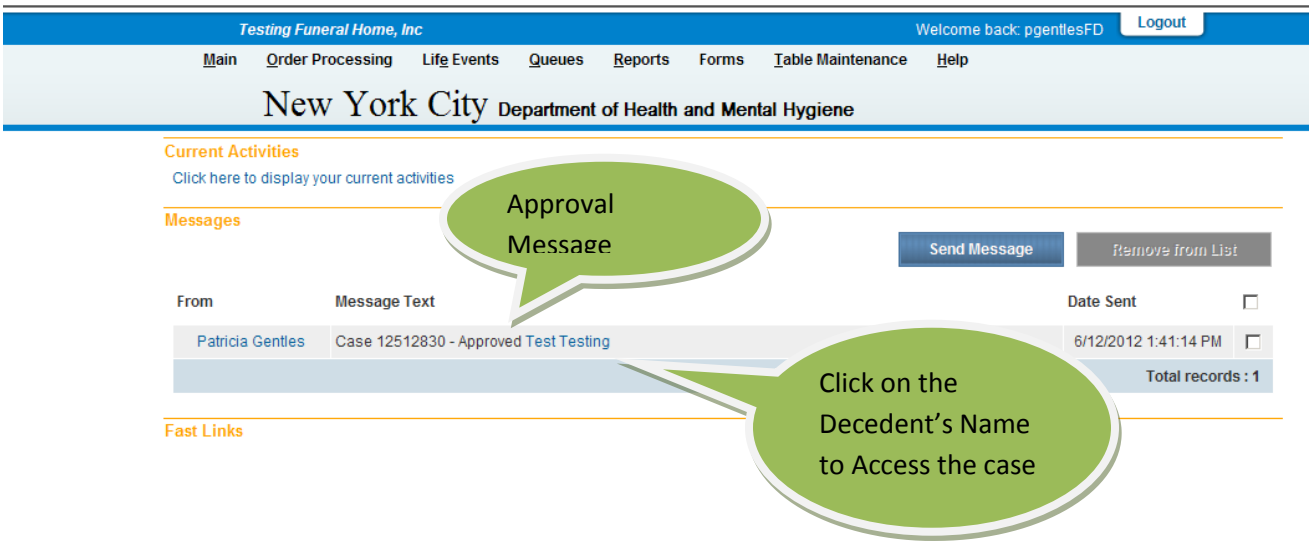
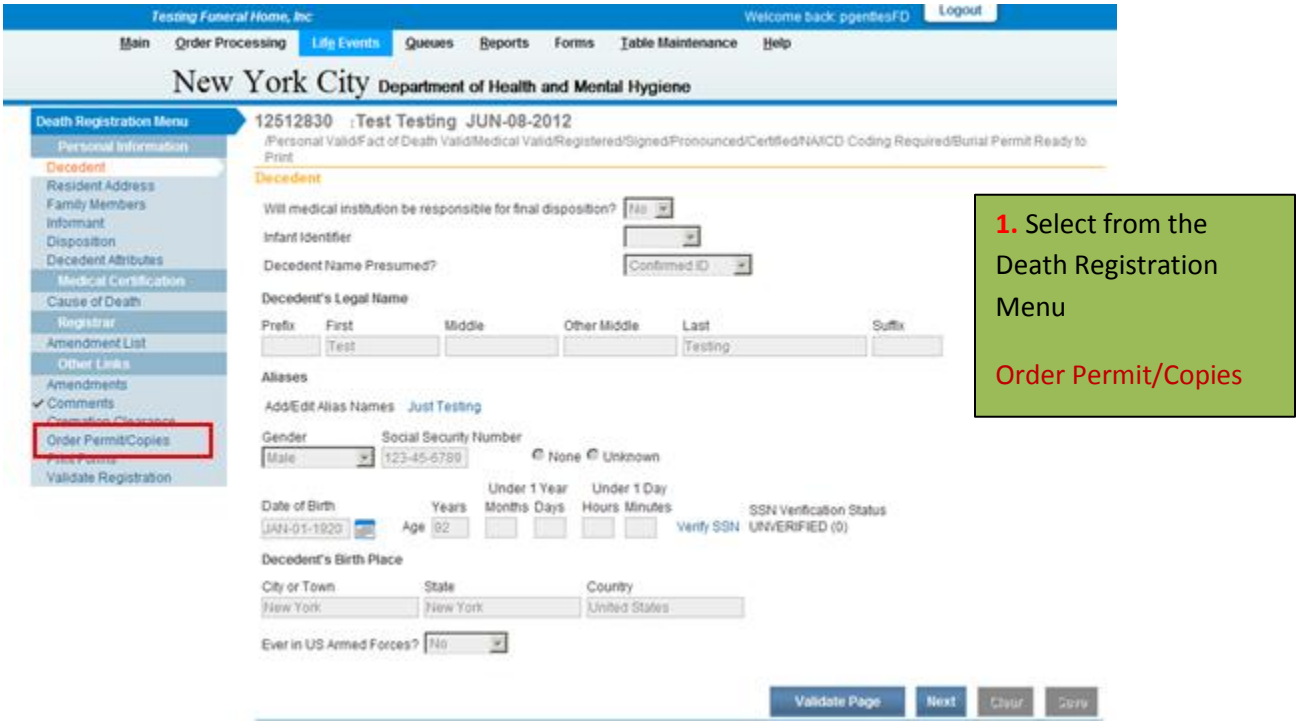
HOW DO I ORDER DEATH CERTIFICATE-RELATED SERVICES IN EVERS?

Services include certified copies, disposition permits, corrections, death exemplification, and communicable disease letters. Death exemplification and communicable disease letters must be requested in the same order for certified copies and placed within 8 days after the death is registered.

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

If the case is registered there will be an approval message stating that the Case has been approved.





Health

Applicant Page

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

Order Processing Menu: Applicant, Services, Payments, Summary

20120600026 :Testing Funeral Home, Inc
/Keyed/Incomplete

Applicant

Applicant: Person / Organization

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: | Alternate Number: | Fax Number:
Email: NoOne@vitalchek.com

Shipping Information Same as Applicant? ☑

Clear | Save | Next | Return

1A. If shipping information is same as Applicant Click **Save**, then Click **Next**

1B. Uncheck this box if the Shipping information will be different.

Applicant
Services
Payments
Summary

Applicant

Applicant: Person / Organization

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: | Alternate Number: | Fax Number:
Email: NoOne@vitalchek.com

Shipping Information Same as Applicant? ☐

Shipping Information
Name
Prefix | First | Middle | Last | Suffix

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

Perfect Address™ Verification

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

Clear | Save | Next | Return

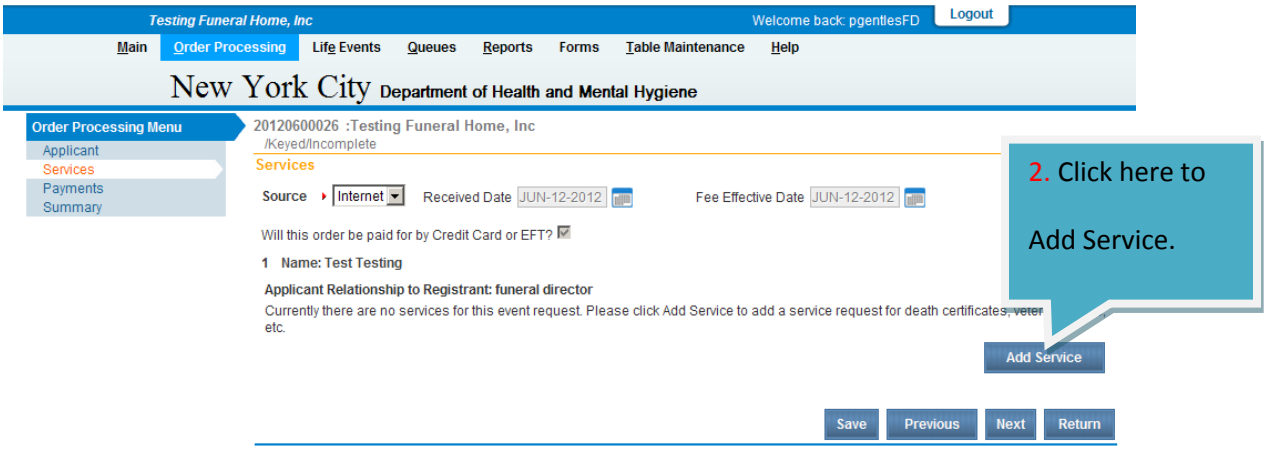
1C. Enter Shipping Information

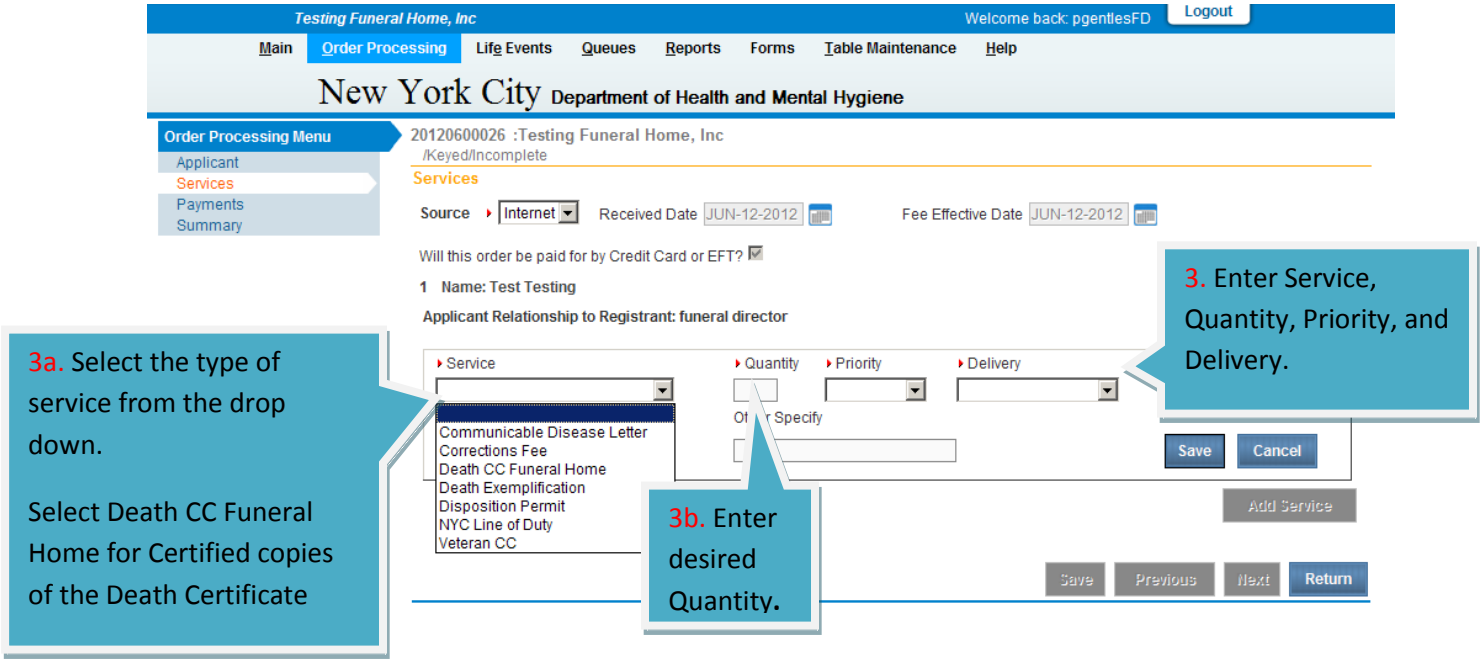
Click **Save**, then

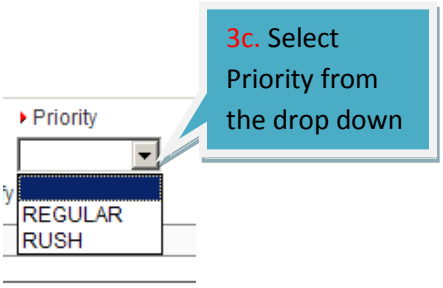
Click **Next**

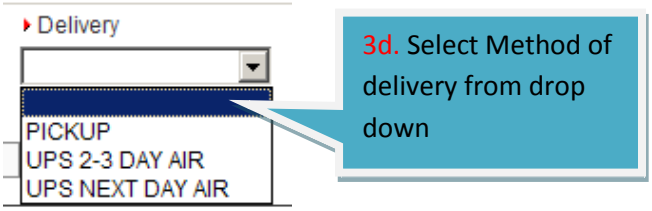
Note: If the Ship to information is not completely filled out, UPS orders will be subject to delays.

Services Page









3e. Optional (Select Request Reason from the drop down. If the desired reason is not in the dropdown, Enter Request Reason in Other Specify field.)

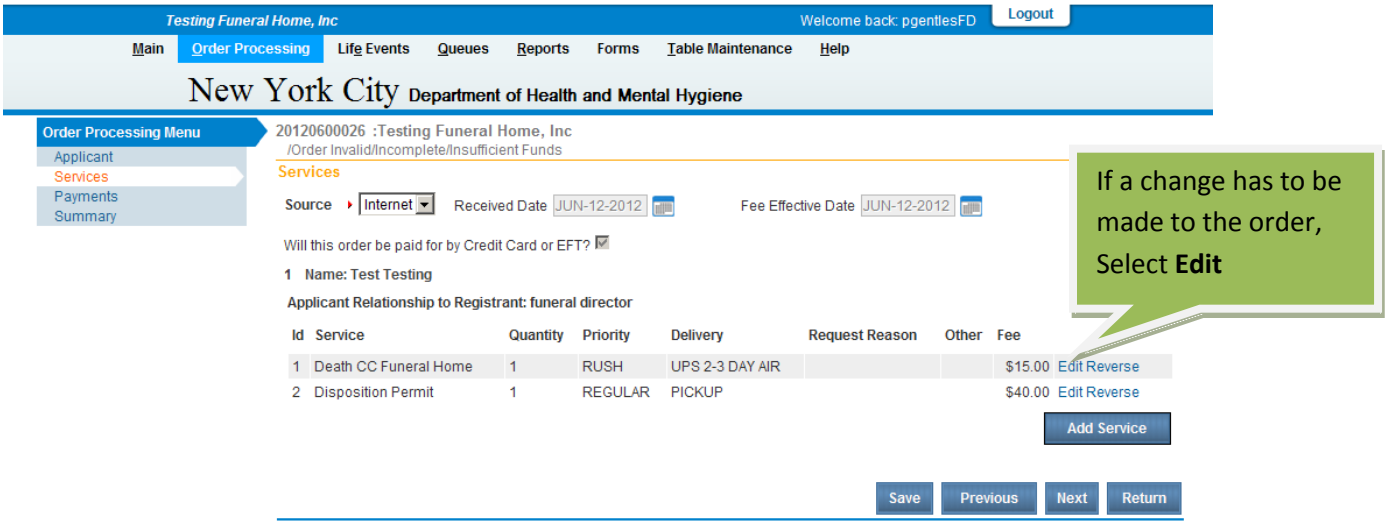
3f. Click Save

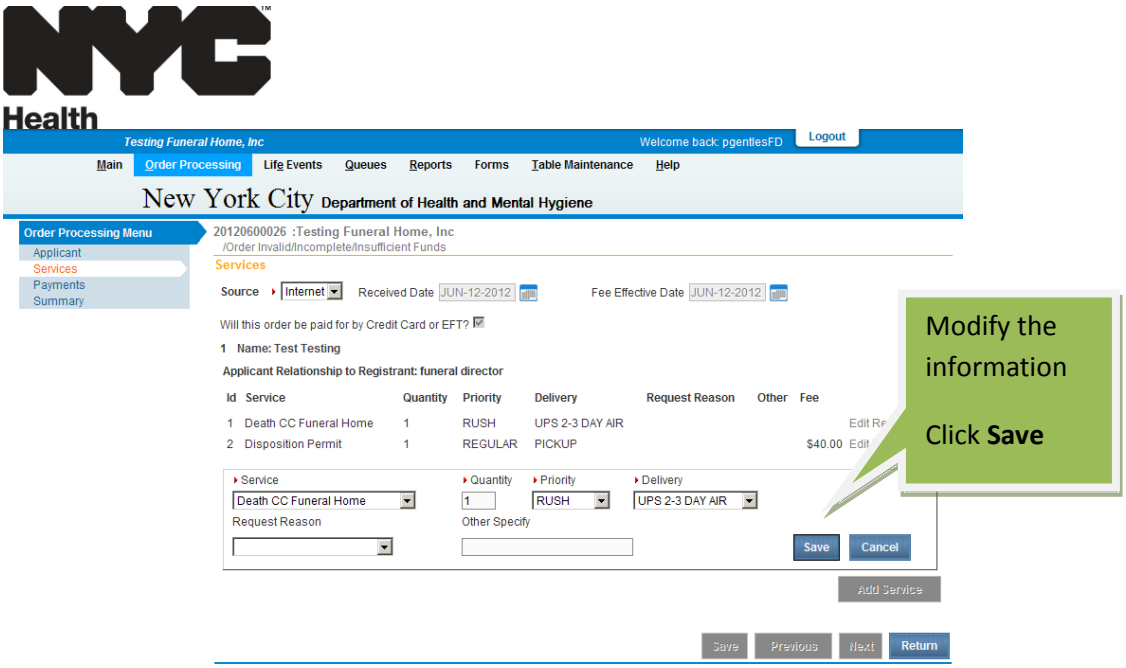
Note: **If the order is to be sent via UPS then you must select Rush for Priority and UPS for Delivery.**

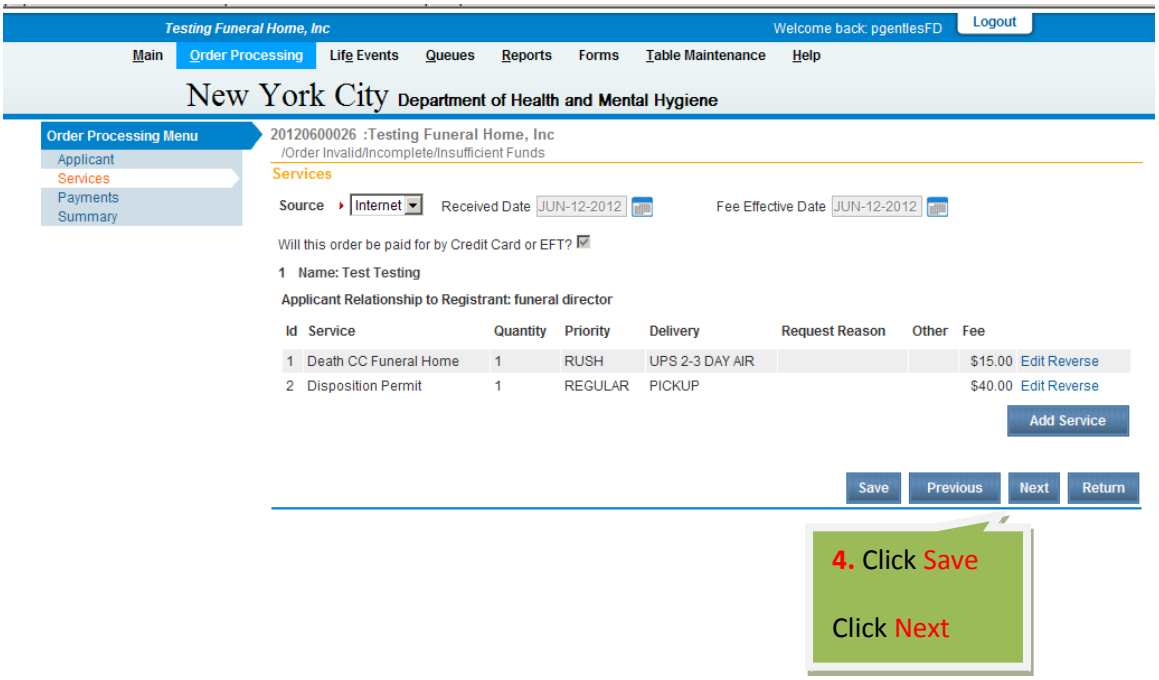
If the order is to be picked up or printed, then you must select Regular for Priority and Pickup for Delivery.

For Additional Services

1. **Click Add Service**
2. **Repeat steps 3 thru 3f.**







Note: If there are multiple service requests for the same order with different delivery Methods and any one service is Priority=Rush and Delivery =UPS, the **entire order will be Shipped** via UPS.

Payments Page

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

Health

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

Order Processing Menu: Applicant, Services, Payments, Summary

20120600026 :Testing Funeral Home, Inc
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: JUN-12-2012 — Fee Effecti

Add Payments

Add Payment

Select Payment Type: Credit Card, Business Checking Account, Personal Checking Account

a payment select a payment type and click Ad

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

Edit Payer | Previous | Next | Return

5. Click on the drop down

Select Method of Payment

5a. If Method of payment is Credit and it is a Personal Credit Card, Click Edit Payer

Testing Funeral Home, Inc — Welcome back: pgentles

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

Department of Health and Mental Hygiene

esting Funeral Home, Inc
omplete/Insufficient Funds

5b. Uncheck the Same As Applicant box to activate Payer screen.

5c. Select Person to activate the Name field

Payer: Person Organization — Same As Applicant? ☑

Organization

Name: Testing Funeral Home, Inc

Address

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apartment Number
125		Worth	Street		204

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

Perfect Address™

Contact Information

Attention:

Phone Number: ___-___ Alternate Number: ___-___ Fax Number: ___-

Email: NoOne@vitalchek.com

Clear | Save | Previous | Next

5d. Enter the personal Information (Name and Address) of the Credit Card holder.

5e. Click Save, then

Click Previous

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

Health

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

II. Enter the Credit Card Number

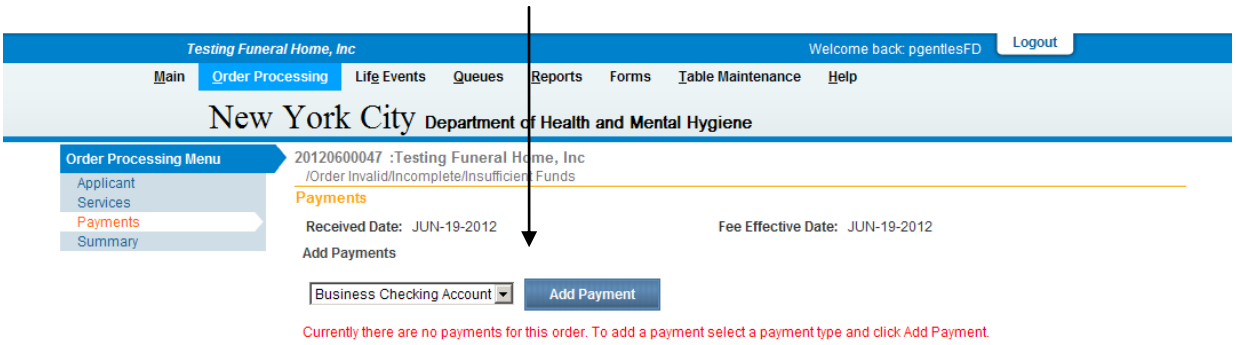
III. Select the Expiration Date from the drop down

IV. Enter the Credit Card Verification Code

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



Health

Services
Payments
Summary

Payments

Received Date: JUN-19-2012 Fee Effective Date: JUN-19-2012

Add Payments

Add Payment

Electronic Funds Transfer

Payment Date	User	Bank Number	Account Number	Check Number	Amount	
JUN-19-2012	pgentlesFD				74.25	Authorize Cancel

Enter **Bank Number, Account Number** and the **Check Number** and then click **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

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

Order Processing Menu
Applicant
Services
Payments
Summary

20120600048 :Testing Funeral Home, Inc
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: JUN-19-2012 Fee Effective Date: JUN-19-2012

Add Payments

Personal Checking Account | Add Payment

Currently there are no payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal: $55.00

Order Processing Menu
Applicant
Services
Payments
Summary

20120600048 :Testing Funeral Home, Inc
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: JUN-19-2012 Fee Effective Date: JUN-19-2012

Add Payments

Add Payment

Electronic Funds Transfer

Payment Date	User	Bank Number	Account Number	Check Number	Driver'sLicense Number	Issuing State/ Entity	Amount	
JUN-19-2012	pgentlesFD						74.25	Auth Can

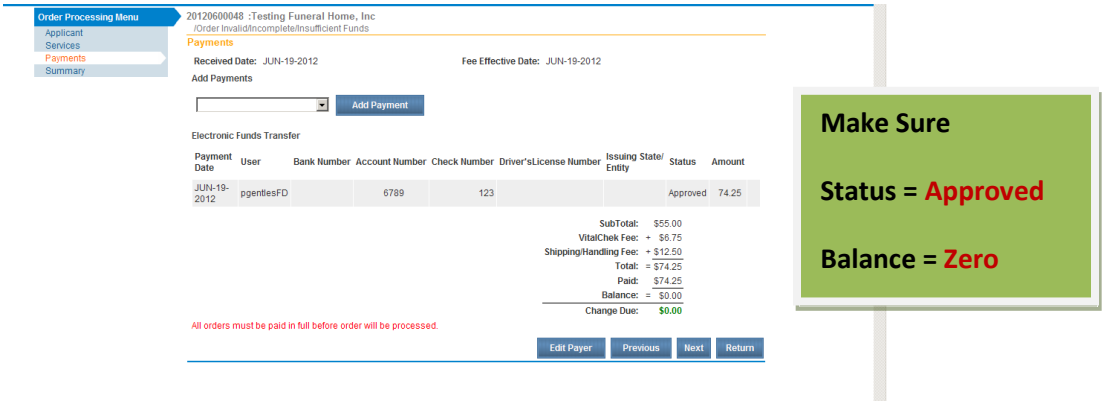
Enter **Bank Number, Account Number, and Check Number** and then click Authorize

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

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.



6. Click Next

Order Summary

Health

Copy of Receipt

Order Receipt

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

Order Number: 20120600047

Date: 6/19/2012 10:36:18AM

Applicant: Testing Funeral Home, Inc

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

Order Number: 20120600047

Date: 6/19/2012 10:36:18AM

Applicant: Testing Funeral Home, Inc

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

Payment Type: EFT

Qty	Service	Name	Delivery	Total Amount
1	Death CC Funeral Home	Test Testing	UPS 2-3 DAY AIR	$ 15.00
1	Disposition Permit	Test Testing	PICKUP	$ 40.00
			Sub-Total	$ 55.00
			Waived	$ 0.00
			Shipping & Handling	$ 19.25
			Due	$ 74.25
			Paid	$ 74.25
			Refund	$ 0.00
			Balance	$ 0.00

20120600047+

Tuesday, June 19, 2012 10:36 am

Page 1 of 1

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