

## HOW DO I SUBMIT DEATH AMENDMENTS FOR A DEATH QUERY IN EVERS? (Medical Facilities)

**Please Note:** You can only submit amendments for cases that have a Registered Status.

### Step 1: Locate Case

1a. Select **Life Events/Death/Locate**

1b. Enter Case ID number.

### Step 2: Select **Amendments**

### Step 3: Select **Cause of Death Query** for Type and click Save

**Step 4:** Select the page you want to amend from the **Page to Amend** drop down.

**4a. Select **Death – Cause of Death**.**

The City of New York Department of Health and Mental Hygiene

Amendments Menu: Amendment, Amendment Affirmation

Death Registration Menu: Personal Information (Decedent, Resident Address, Family Members, Informant, Disposition, Decedent Attributes), Medical Certification (Pronouncement, Place of Death, Cause of Death)

427785 : Little Mickey APR-17-2013 Amendment Exists

Type: Cause of Death Query

Year: 2013

Amendment Date: MAY-02-2013

Amendment Number: 21927

Page to Amend: **Death - Cause of Death**

Item In Error: **Death - Cause of Death**

Buttons: Cancel Amendment, Save, Clear, Return

The Cause of Death page will be displayed for you to update as specified by cause of death query.

**4b. when done updating, click **Save**.**

Medical Certification: Pronouncement, Place of Death, Cause of Death, Other Factors, Certifier

Registrar: Amendment List, Other Links, Amendments, Comments, Print Forms, Validate Registration

New Burial Permit Required:

**Cause of Death**

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease that initiated the events resulting in death) LAST.

**Cause of Death**

		Approximate Interval Onset to Death
PART I Line a	Brain tumor	unknown
Line b		
Line c		
Line d		

Due to or as a consequence of

PART II Other significant conditions

Buttons: Cancel Amendment, Validate Page, Validate Amendment, Save, Clear, Return

After clicking save, the following information will populate: **Item in Error**, **Item as it Appears**, and **Item as it Should be**

Calvary Hospital Welcome back: MayaMD Logout

Main Life Events Queues Forms Help

### The City of New York Department of Health and Mental Hygiene

**Amendments Menu** 427785 :Little Mickey APR-17-2013 Amendment Exists  
/Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

**Amendment**  
Amendment Affirmation

**Death Registration Menu**

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier
- Registrar
- Amendment List
- Other Links

**Amendment Page**

Type Cause of Death Query Amendment Date MAY-02-2013  
Year 2013 Amendment Number 21927  
Order Number Description  
Amendment Status Keyed (Requires Affirmation) Microfilm Number  
Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Cause of Death-Line A Description	Brain tumor	Brain cancer	Edit	Delete
Cause of Death-Line B Description		hypertension	Edit	Delete
Cause of Death-Line B Onset Interval		2 years	Edit	Delete

New Burial Permit Required

Cancel Amendment Save Clear Return

Click **Edit** if you wish to change the information entered.

Click **Delete** if you wish to remove the information entered.

Click **Cancel Amendment** if you wish to cancel the amendment

**Step 5:** Click **Amendment Affirmation**, check the Affirmations box, and then click **Affirm**

Main Life Events Queues Forms Help

### The City of New York Department of Health and Mental Hygiene

**Amendments Menu** 427785 :Little Mickey APR-17-2013 Amendment Exists  
/Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

**Amendment Affirmation**

**Affirmations**

Affirm the following:

certify that this change is being requested due to error or newly received information. (Note: Applications requiring documentary evidence cannot be submitted electronically.)

Place Finger

Affirm Clear Return

Have the physician place his/her finger to affirm the amendment.

[Main](#)
[Life Events](#)
[Queues](#)
[Forms](#)
[Help](#)

The City of New York Department of Health and Mental Hygiene

**Amendments Menu**  
 Amendment  
**Amendment Affirmation**

427785 :Little Mickey APR-17-2013 Amendment Exists  
 /Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

**Affirmations**

Authentication successful.

If you see the above screen, your affirmation was successful. You now have a check mark next to the **Amendment Affirmation** link in the **Amendments Menu**.

The amendment has now been submitted to the Office of Vital Records. When you return to the **Amendment List**, you should see that the amendment now has a **Pending Approval** status.

**Death Registration Menu**  
 Personal Information  
 Decedent  
 Medical Certification  
 Pronouncement  
 Place of Death  
 Cause of Death  
 Other Factors  
 Certifier  
 Registrar  
**Amendment List**

742991 :Gregory Chopin OCT-04-2012 Amendment Exists  
 /Personal Valid With Exceptions/Fact of Death Valid/Medical Valid/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required

**Amendment List**

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
21951	History	Cause of Death Query	MAY-16-2013		Pending Approval	

Once the Office of Vital Records has approved and completed the amendment, the status will show as Complete and the correct information will show in the appropriate field in the record.

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>