

VRISM – Electronic Death Registration System (EDRS) Manual

Tennessee Department of Health, Office of
Vital Records

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Account Management & Login Process:

- Each user must have their own profile to use EDRS with a valid email address. It is important that each User keep track of their login information, especially their PIN.
 - PIN: This 4 digit number will be required when the user wants to change their Login/Security Information.

VRISM Homepage:

- To Logon to VRISM, go to the following link using Internet Explorer: <https://vrism.tn.gov/vrism>
- Once you see this page, click the Login button.



MAILING ADDRESS
Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st
Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE
1-(855) -VRISMTN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN

Logging into VRISM:

- Please note, with the exception of your username, all of the other login information is default and can be changed.
- After clicking the Login button, you will see this screen. Enter your Username and then click continue.

WARNING:
This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Username: [Forgot Username?](#)

Continue

Reset

- Next the security question screen will come up. Answer the security question, **if you have not set up your own security questions the answer will be the last word of the sentence.** Then click continue.

WARNING:
This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

What was your childhood nickname?

Answer: [Forgot Answer?](#)

Continue

Reset

Logging into VRISM Cont.

- The next screen will be the Image & Key Screen; make sure that they are correct.

WARNING:
This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Please Note
Identify your Image and Key. Press Cancel if they don't match.



VRISM

[Forgot Image or Key?](#)

Make sure that the Image and the Key Word is correct. If it isn't correct, then you need to return to the homepage to start over. If you haven't set up an Image and Key Word, then you should see a lion with the word VRISM.

WARNING:
This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Password: [Forgot Password?](#)



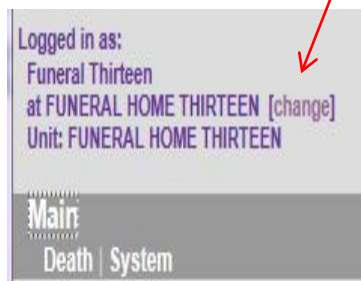
Users assigned to Multiple Locations:

If a user works at multiple locations, once they put in their password, they will need to select a specific location by clicking on it.

Select your location:

FUNERAL HOME THIRTEEN - FUNERAL HOME TWELVE

While logged into the system, you can also switch locations as needed by clicking the word 'change' in the top left-hand corner.



VRISM Main Page & News Section:

The VRISM Main Screen should look like this:



The screenshot shows the VRISM Main Page interface. At the top, it displays the user's login information: "Logged in as: Funeral Thirteen at FUNERAL HOME THIRTEEN [change] Unit: FUNERAL HOME THIRTEEN". The version information is "Version: RLS-1-29-TEST2" and the timestamp is "09/12/2017 09:31 AM". The page has a navigation menu with "Main" selected and "Death | System" as sub-options. The "News" section is highlighted with a yellow border and contains a "News Message" link, which is pointed to by a red arrow. Below the news section, there are two tabs: "Missing Demographic Info (1-2 of 2)" and "Missing Medical Certification (1)". The "Missing Medical Certification (1)" tab is active, showing a table with the following data:

Description	Event Date	MI Finished	Action
TEST ROBERT 01/21/2017	01/21/2017	N	Details Process
TURNER CHANDLER 08/20/2017	08/20/2017	Y	Details Process

Be sure to check the News section for general and user specific information that the State Office of Vital Records may add on a regular basis!

Changing Your Security Information:

If you want to change your security/login information, you can click on the word System and Change Security Information. Simply click the word change that corresponds with the information that you wish to change. You may want to click the word change next to email to ensure that you will receive the email link.

Main -- System -- Change Security Information

Security Informations List

Modify an existing Security Information

Security Information	Change
Password	CHANGE
Security Question Answer	CHANGE
Image and Key Phrase	CHANGE
Pin	CHANGE
E-mail	CHANGE

Changing Your Password

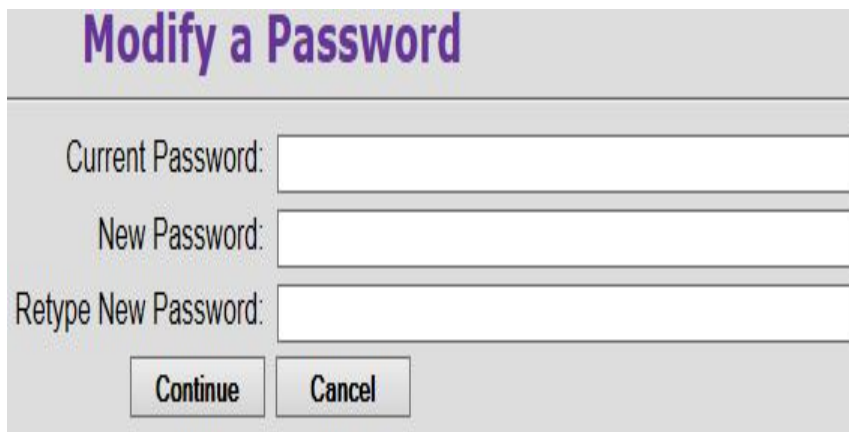
Click on the word Change



Modify an existing Security Information

Security Information	Change
Password	CHANGE

Enter the current information, then the new information and click continue.



Modify a Password

Current Password:

New Password:

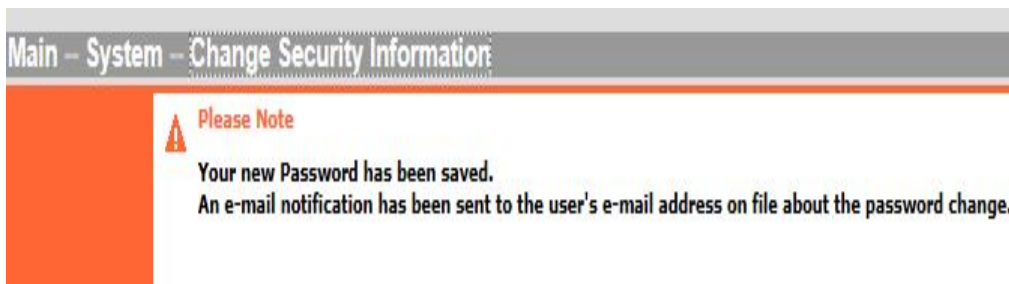
Retype New Password:

Modify Password - Confirm

Click Continue again.



The User will receive a confirmation that an email has been sent to the User.



Changing your Password – Email Confirmation

Wait for email and click the link only once.
This link will expire within 24 hours.

TN VRVWeb - Reset Password Request

health.vrism@tn.gov

Sent: Tue 9/12/2017 3:27 PM

To:

<https://vrism.tn.gov:443/vrism/servlet/fpw/fvF6ZvKQ1IHzwL84mCyKvFl/fNM>

This is an auto generated e-mail in response to your request to reset your password. Click on the link to reset your password. If you can not click on the link then copy and paste the link into your browser. You will be asked for your pin before you can reset your password.

Thank you.

Tennessee Department of Health Office of Vital Records

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

If you received this in error, please notify the VRISM help desk at 1-(866)-TNVRISM, and delete the material from any computer. Do not reply to this automatically generated e-mail.

Changing your Security Questions

Click on the word Change next to Security Questions Answers.

Main – System – Change Security Information

Security Informations List

Modify an existing Security Information

Security Information	Change
Password	CHANGE
Security Question Answer	CHANGE
Image and Key Phrase	CHANGE
Pin	CHANGE
E-mail	CHANGE

Enter your PIN and click Continue.

Modify a User's Security Questions

User's current Pin :

Changing your Security Questions - Confirm

Click Continue again.

Modify a User's Security Questions - Confirm

Continue

Cancel

Verify successful transaction screen.

Successful Transaction

Your transaction has been saved successfully.


Main Menu

Repeat Task

Changing your Security Questions - Email

Wait for email and click the link only once.

TN VRVWeb - Reset Security Questions Request

 health.vrism@tn.gov

Sent: Thu 9/14/2017 4:51 PM

To: 

<https://vrism.tn.gov:443/vrism/servlet/fpw/myqCwopTmdelnYgOppvtRGtQxIg>

This e-mail is auto-generated in response to your request to reset your security questions. Click on the link to reset your security questions. If you can not click on the link then copy and paste the link into your browser. You will be asked to enter your pin before you can reset your security information.

Thank you.

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Changing your Security Questions – Enter PIN & Make Selections

Once you have clicked the link, enter your PIN.

Enter your Pin below. If you have forgotten the pin then please contact the System Administrator

Pin :

Continue

Reset

Select your questions from the dropdown and enter the answers into the security answer field then click Continue.

Please Note
Please Update your Security Information.

* Denotes Required Field

Security Question 1:

Security Answer 1:

Security Question 2:

Security Answer 2:

Security Question 3:

Security Answer 3:

Continue

Reset

Changing your Security Questions – Verify Successful Transaction

Successful Transaction

Your transaction has been saved successfully.

[Main Menu](#)

[Repeat Task](#)

Changing your Image and Key Phrase

Click change next to Image and Key Phrase.

Main – System – Change Security Information

Security Informations List

Modify an existing Security Information

Security Information	Change
Password	CHANGE
Security Question Answer	CHANGE
Image and Key Phrase	CHANGE
Pin	CHANGE
E-mail	CHANGE

Enter PIN.

Modify a User's Image & Key

User's current Pin :

Successful Transaction

Successful Transaction

Your transaction has been saved successfully.

Changing your Image and Key Phrase - Email

Wait for email and click the link only once.

TN VRVWeb - Reset Image and Key Request

health.vrism@tn.gov

Sent: Thu 9/14/2017 5:26 PM

To:

<https://vrism.tn.gov:443/vrism/servlet/fpw/myqCwopTmdelnYgOppvtRGtQxIg>

This e-mail is an auto-generated e-mail in response to your request to reset your security image and key. Click on the link to reset your security image and key. If you can not click on the link then copy and paste the link into your browser. You will be asked to enter your pin before you can reset your security information.

Thank you.

Tennessee Department of Health Office of Vital Records

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If you received this in error, please notify the VRISM help desk at 1-(866)-TNVRISM, and delete the material from any computer. Do not reply to this automatically generated e-mail.

Enter Pin.

Please Note

Enter your Pin below. If you have forgotten the pin then please contact the System Administrator

Pin :

Continue

Reset

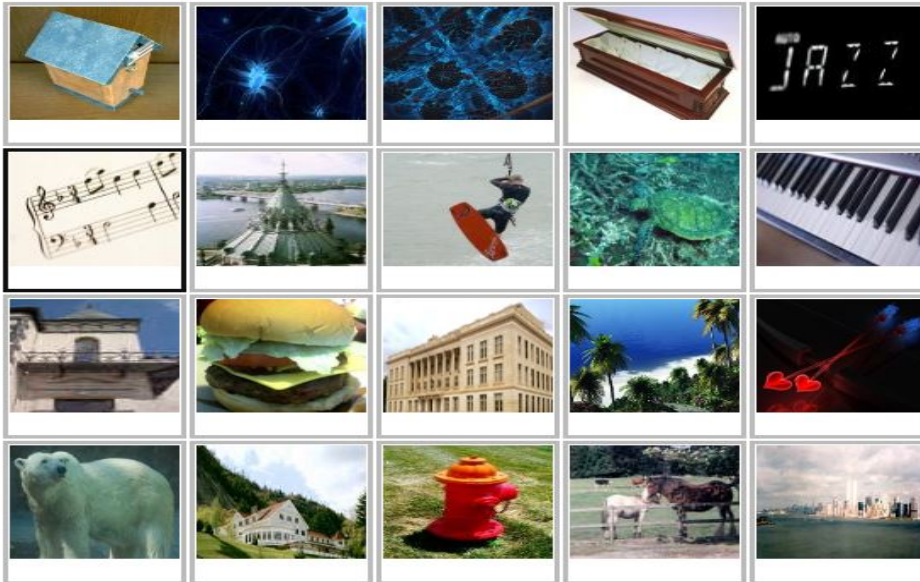
Changing your Image and Key Phrase

Make your Image selection and enter a phrase then click Continue.

Please Note
Please Update your Security Information.

* Denotes Required Field

Security Image: Click on any Image below to choose
< 1 of 18 >



Selected Image:



< 1 of 18 >

Key:

VRISM

Then click continue again.

Please Note
Your selected Image and Key have been saved.

[Go back to Login Page](#)

Changing your PIN

Click on the word change, next to PIN.

Main – System – Change Security Information

Security Informations List

Modify an existing Security Information

Security Information	Change
Password	CHANGE
Security Question Answer	CHANGE
Image and Key Phrase	CHANGE
Pin	CHANGE
E-mail	CHANGE

Enter PIN or select User Forgot Pin (Verify user before selecting)

Modify a User's Pin

User's current Pin :

User Forgot Pin (Verify user before selecting):

Changing your PIN

Click Continue

Modify a User's Pin - Confirm

Continue

Cancel

Confirm Successful Transaction

Successful Transaction

Your transaction has been saved successfully.

Main Menu

Repeat Task

Changing PIN - Email

Wait for email and click the link only once.

TN VRVWeb - Reset Pin Request

health.vrism@tn.gov

Sent: Thu 9/14/2017 5:45 PM

To: [REDACTED]

<https://vrism.tn.gov:443/vrism/servlet/fpw/myqCwopTmdelnYgOppvtRGtQxIg>

This e-mail is in response to your request to reset your pin. Click on the link to reset your pin. If you can not click on the link then copy and paste the link into your browser. You will be asked for your temporary pin provided to you by the System Administrator before you can reset your password.

Thank you.

Tennessee Department of Health Office of Vital Records

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If you received this in error, please notify the VRISM help desk at 1-(866)-TNVRISM, and delete the material from any computer. Do not reply to this automatically generated e-mail.

Changing your PIN

Enter your current PIN.

Please Note

Enter your Pin below. If you have forgotten the pin then please contact the System Administrator

Pin :

Continue

Reset

Enter your current PIN again, enter your new PIN twice and click continue.

Please Note

Please Update your Security Information.

* Denotes Required Field

Current Pin:

New Pin (Last 4
digits of SSN
recommended):

Confirm New Pin:

Continue

Reset

Changing your PIN – Successful Transaction

Successful Transaction

Your transaction has been saved successfully.

[Main Menu](#)

[Repeat Task](#)

Changing your Email Address

Click on the word change next to E-mail.

Main – System – Change Security Information

Security Informations List

Modify an existing Security Information

Security Information	Change
Password	CHANGE
Security Question Answer	CHANGE
Image and Key Phrase	CHANGE
Pin	CHANGE
E-mail	CHANGE

Enter your PIN and the new email address twice.

Modify a User's E-mail

User's current Pin :

User Forgot Pin (Verify user before selecting):

New E-mail:

Retype New E-mail:

Changing your Email Address – Confirm & Successful Transaction

Click Continue.

Modify a User's E-mail - Confirm

Continue

Cancel

Confirm Successful Transaction.

Successful Transaction

Your transaction has been saved successfully.


Main Menu

Repeat Task

Changing your Email address – Email link

Wait for email and click the link only once.

TN VRVWeb - Reset E-mail verification

 health.vrism@tn.gov

Sent: Mon 9/11/2017 9:18 AM

To:  Tina Wetherbee

<https://vrism.tn.gov:443/vrism/servlet/fpw/SLXlkxvfYTBHS+hQt/ddxEGDgU4>

Click on the link to verify your new e-mail address. If you can not click on the link, then copy the link and paste into your browser. If you requested a new pin because you forgot your old pin, then you will be able to reset your pin once your e-mail has been verified. When you are asked for current pin, use the temporary pin assigned to you by the System Administrator.

Thank you.


Tennessee Department of Health Office of Vital Records

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

If you received this in error, please notify the VRISM help desk at 1-(866) -TNVRISM, and delete the material from any computer. Do not reply to this automatically generated e-mail.

Changing your Email - Verified

After clicking the link, it will take you to the website and confirm that your new email address has been saved.

 **Please Note**
Your e-mail has been verified
Please continue to Login screen now

[Go back to Login Page](#)

Resetting Your Login/Security Information:

If you have forgotten your Login/Security Information, you can click the Reset Button at any point during the log in process.

WARNING:

This system is for use by authorized personnel only. Individuals accessing this system without authority or in excess of their authority are in violation of Federal and/or State laws, regulations and policies and may be subject to criminal, civil and/or administrative actions. Any information, including personal information, on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for administrative purposes, including criminal investigations. Anyone using this system expressly consents to such monitoring and SHOULD HAVE NO EXPECTATION OF PRIVACY for any information stored or communicated in or through this system.

Username: [Forgot Username?](#)

Once you have clicked Reset, you will need to enter the following information:

Please Note

Enter the information below. If it is correct then you will shortly get an e-mail with details about how to retrieve your information.

First Name:

Last Name:

E-mail:

Starting a Death Record at a Funeral Home:

Funeral Directors or Funeral Director Staff have the same path to take when it comes to creating a New Death record by clicking the words Death>New Death>Create.

Main -- Death -- New Death -- Create

Start Case Information

Decedent's Name

First

Last

Decedent's Sex

Sex ▼

Date of Death

Date of death (MM/DD/YYYY)

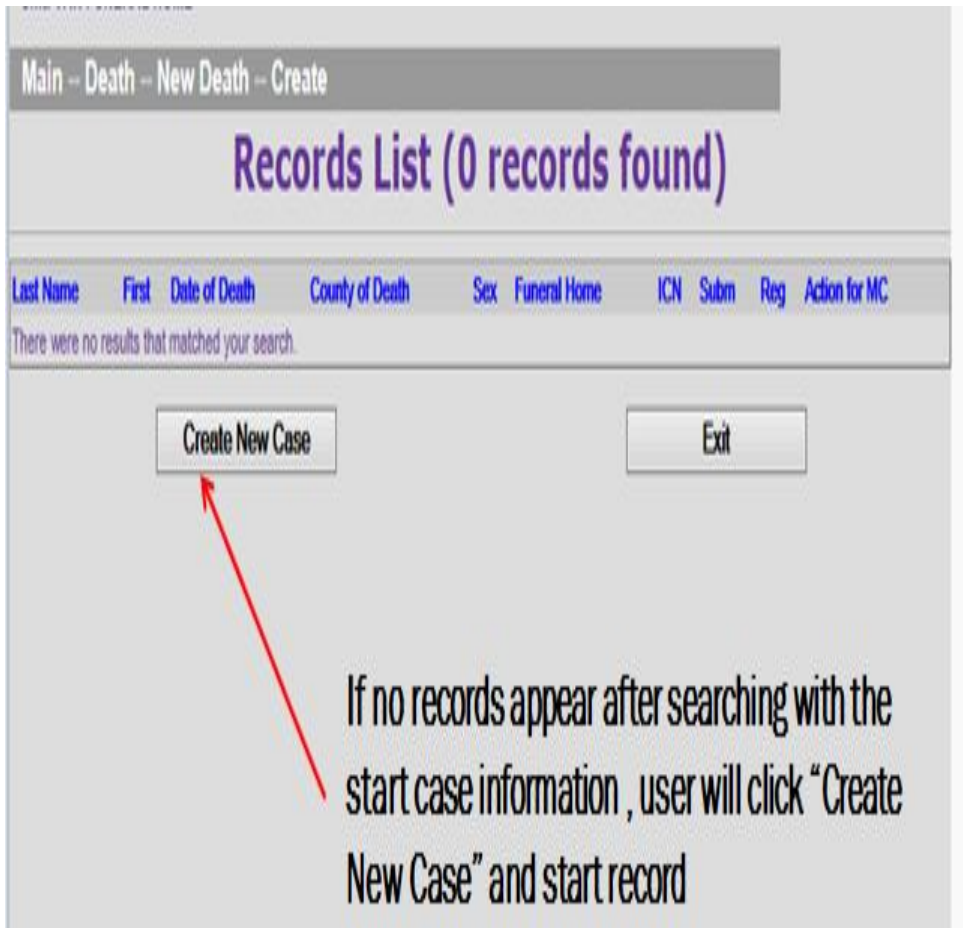
Decedent's Date of Birth

Date of birth (MM/DD/YYYY)

Enter the decedents first and last name, sex, death date and date of birth.

Then Search records to ensure there is not a duplicate on file.

Records List:



Main - Death - New Death - Create

Records List (0 records found)

Last Name	First	Date of Death	County of Death	Sex	Funeral Home	ICN	Subm	Reg	Action for MC
There were no results that matched your search.									

[Create New Case](#) [Exit](#)

If no records appear after searching with the start case information, user will click "Create New Case" and start record

Tab 1. Decedent's Tab

Social Security Number: Make sure that you enter the Social Security Number of the Decedent. If you do not know the SSN, you may enter all 9's. If the Decedent does not have a SSN, check none. The fields that aren't yellowed out must be completed. Please keep in mind that some fields will open up depending on the information that you enter/select.

Death - Last: *DENIM* First: *DAVID* Middle: *DEAN* Date of death: *10/31/2016*

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

1. Decedent's Legal Name

First: DAVID
Middle: DEAN
Last: DENIM
Last name prior to first marriage: _____
Suffix: _____

Decedent has AKA/alias

2. Sex

Sex: MALE

3. Date of Death

Date of death: 10/31/2016
 Date found

4. Time of Death

Time: 05:30
Time designation: AM

6. Date of Birth

Date of birth: 01/22/2000

5. Age

Age: Over 1 year
Years: 16
Months: _____ & days: _____
Hours: _____ & minutes: _____

12. Social Security Number

SSN: 999-99-9999
 None
Verification status: 05 - No SSN verification - missing or invalid data

8. Place/Location of Death

Place of death: DECEDENT'S HOME
Specify other place of death: _____
County of death for selecting facility: VAN BUREN
Hospital: Select
Hospice: Select
Nursing home/long term care: Select
 Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: Select
County: VAN BUREN
City list: Select
City or town: Van Buren
Facility name: _____
Street and number: 111 VAN BUREN ROAD
Apartment number: V22
Zip code: 37222

Previous Next Finish Cancel

Tab 2. Decedents Information

Death -- Last: SENIOR First: JUNIOR Date of death: 02/06/2017

1 Decedent	2 Decedent Info	3 Origin/Race	4 Parents/Informant	5 Disposition	6 Funeral Director/Embalmer	7 **Time/Autopsy**	8 **Cause of Death**	9 **Manner/Details/Injury**	10 **Certifier**	11 Case Actions
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7. Birthplace Country: UNITED STATES State/province: TENNESSEE City list: Select City: VAN BUREN	13. Decedent's Residence Street and number: 1122 RODEO DRIVE Apartment number: Country: UNITED STATES State/province: TENNESSEE County list: Select County: VAN BUREN City list: Select City or town: VAN BUREN Zip code: 33221 Inside city limits?: Yes
---	---

9. Marital Status Marital status: NEVER MARRIED	14. US Armed Forces Decedent ever in US armed forces?: No
---	---

10. Surviving Spouse <input type="checkbox"/> Unknown First: <input type="text"/> Middle: <input type="text"/> Last name of spouse prior to first marriage: <input type="text"/> Suffix: <input type="text"/>	15. Decedent's Education Education: BACHELOR'S DEGREE
---	---

11. Decedent's Occupation/Industry Usual occupation: BAKER Kind of business/industry: BAKERY SHOP
--

Tab 3. Origin/Race

Death -- Last: SENIOR First: JUNIOR Date of death: 02/06/2017

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

16. Decedent's Hispanic Origin (Check only one)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

Specify other

Unknown

Check this if the decedent was Spanish, Hispanic or Latino, but it is not listed above.

Item 16 - Only one check mark for Hispanic Origin.

Item 17 - Check one or more races if needed to indicate what the decedent considered himself or herself to be. Do not leave blank.

17. Decedent's Race (Check all that apply)

- White
- Black or African American
- American Indian or Alaska Native

Tribe 1

Tribe 2

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Specify 1

Specify 2

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Specify 1

Specify 2

- Other race

Specify 1

Specify 2

Unknown

Previous

Next

Finish

Cancel

Tab 4. Parents Information

VRISM - Dynamic Screen Engine - Internet Explorer
https://test.vrism.tn.gov/vrism/servelet/dse/process

Death - Last: *TESTER* First: *JUSTIN* Date of death: *02/24/2017*

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

18. Father's Name
Unknown
First
Middle
Last
Suffix

19. Mother's Name Prior to First Marriage
Unknown
First
Middle
Last
Suffix

20. Informant's Name and Address
Relationship to decedent: Select
Other - specify
First
Middle
Last
Suffix
Informant's Mailing Address
 Same as decedent
Street and number
Apartment number
Country: Select
State/province: Select
City list: Select
City or town
Zip code

Previous Next Finish Cancel

Enter the names of the natural parents, do not enter names of foster parents or guardian. If decedent was legally adopted, list adopted parents.

Very important to list all the correct information on the informant which is on the right side. This is the person that supplied the personal facts about the decedent and his/her family.

Tab 5. Disposition of Body

VRISM - Dynamic Screen Engine - Internet Explorer
https://test.vrism.tn.gov/vrism/servlet/dse/process

Death -- Last: *TESTER* First: *JUSTIN* Date of death: *02/24/2017*

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | **5 Disposition** | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

21a. Method of Disposition

Burial Cremation
 Donation Entombment
 Removal from state Other
Other - specify

21b. Place of Disposition

Country
State/province
City list
City or town
Name of cemetery or other place

23. Funeral Home/License No.

Funeral homes
 Funeral home not in list
Trade call
Trade call funeral home list
Name
Street and number
Apartment number
Country
State/province
City list
City or town
Zip code
Phone
Funeral home license number
Preferred method of contact
Contact information

If you selected **OTHER** for the method of disposition, you must specify the disposition.

Note: The hospital, medical school or mortuary school that receives the body for scientific purposes generally should be responsible for preparing the death certificate.

Tab 6. Funeral Director/Embalmer

1 Decedent	2 Decedent Info	3 Origin/Race	4 Parents/Informant	5 Disposition	6 Funeral Director/Embalmer
7 **Time/Autopsy**	8 **Cause of Death**	9 **Manner/Details/Injury**	10 **Certifier**	11 Case Actions	

22 a, b. Funeral Service Licensee or Agent	22 c, d. Embalmer
List by name <input type="text" value="Select"/>	<input type="checkbox"/> Not embalmed
List by license number <input type="text" value="Select"/>	Embalmers by name <input type="text" value="Select"/>
<input type="checkbox"/> Funeral director not in list	Embalmers by license <input type="text" value="Select"/>
License number <input type="text"/>	<input type="checkbox"/> Embalmer not in list
First <input type="text"/>	License number <input type="text"/>
Middle <input type="text"/>	First <input type="text"/>
Last <input type="text"/>	Middle <input type="text"/>
Suffix <input type="text"/>	Last <input type="text"/>
	Suffix <input type="text"/>

If a Funeral Director or Embalmer is selected, these fields are automatically populated. If not selected, you have to enter the license # of the Funeral Director or Embalmer.

Tab 11. Case Actions

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence ANDERSON

Select ME county

Case access

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Other reason

Certifier

PHYSICIAN-To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Case pending

Personal information status Case pending

Registration status Not submitted

Total unknown 3


Case Action History

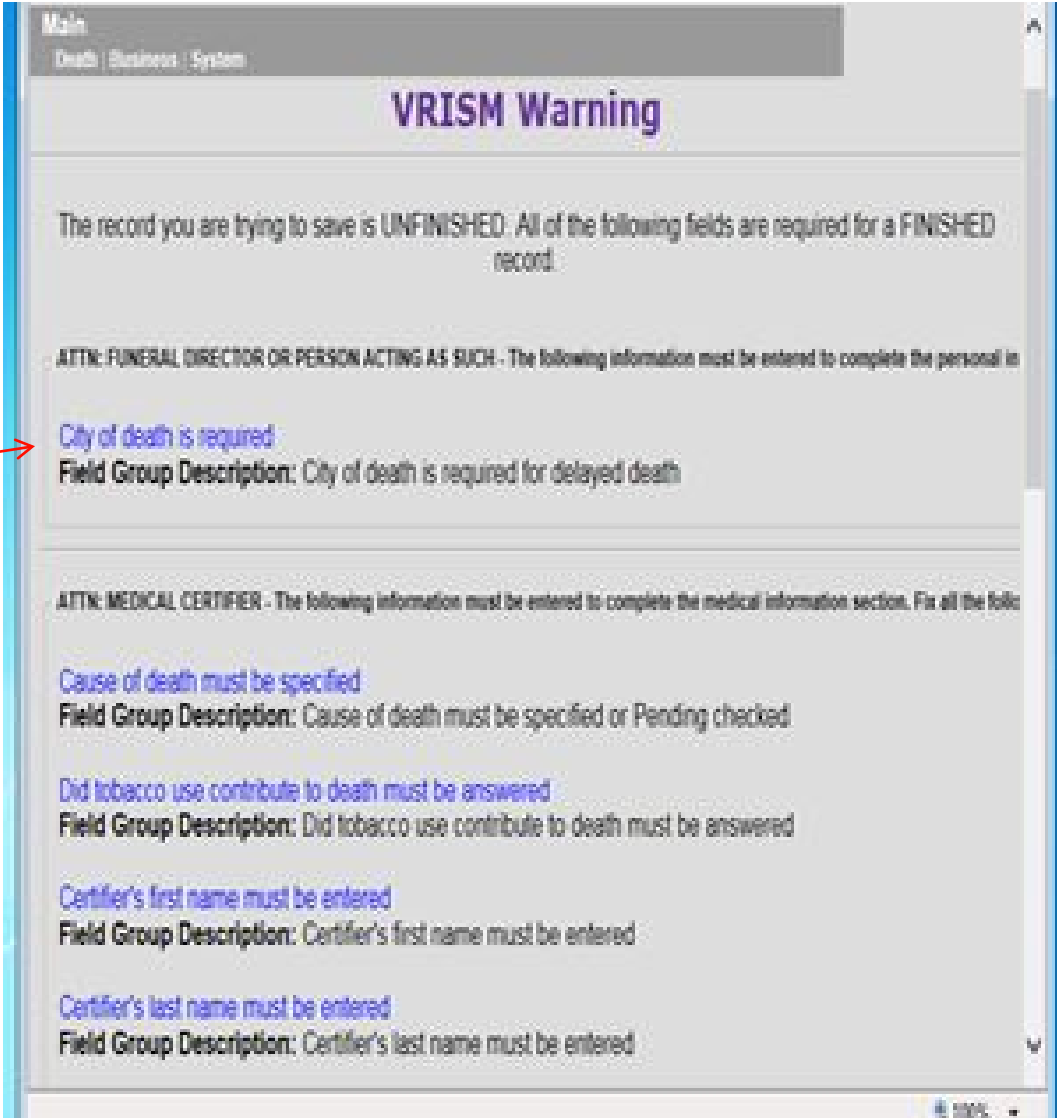
03/13/2017 Record created by user ID: 19 -- 03/13/2017 User ID: 19 assigned case to ANDERSON

Assign your case to a Physician or Medical Examiner. Select Physician from the list. If Physician is not listed, check the **not in list box**. Check the box when assignment is complete. Click the Finish at bottom of screen. **Note: Finish is your Save button!**

VRISM Warning Page

If any information has been missed, this page will inform the user.

Simply click  on the word and it will take the user back to the appropriate section in order to enter/select the information required for that field.



Main
Death > Business > System

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

ATTN: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - The following information must be entered to complete the personal in

[City of death is required](#)
Field Group Description: City of death is required for delayed death

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the follo

[Cause of death must be specified](#)
Field Group Description: Cause of death must be specified or Pending checked

[Did tobacco use contribute to death must be answered](#)
Field Group Description: Did tobacco use contribute to death must be answered

[Certifier's first name must be entered](#)
Field Group Description: Certifier's first name must be entered

[Certifier's last name must be entered](#)
Field Group Description: Certifier's last name must be entered

100%

Funeral Home – Click Save as Pending to Notify Medical Certifier

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the following:

[Cause of death must be specified](#)

Field Group Description: Cause of death must be specified or Pending checked

[Did tobacco use contribute to death must be answered](#)

Field Group Description: Did tobacco use contribute to death must be answered

[Certifier's first name must be entered](#)

Field Group Description: Certifier's first name must be entered

[Certifier's last name must be entered](#)

Field Group Description: Certifier's last name must be entered

[Was medical examiner contacted must be answered](#)

Field Group Description: Was medical examiner contacted must be answered

[Certifier's medical license number must be entered](#)

Field Group Description: Certifier's medical license number must be entered

[Manner of death must be selected](#)

Field Group Description: Manner of death must be selected

[Certifier's title must be selected](#)

Field Group Description: Certifier's title must be selected

[Certifier's address - street and number](#)

Field Group Description: Street name and number of the certifier must be entered

[Certifier's address - state or province](#)

Field Group Description: State or province for the certifier's address must be entered

[Certifier's address - city](#)

Field Group Description: City for the certifier's address must be entered

[Certifier's address - zip code](#)

Field Group Description: Zip code for the certifier's address must be entered

[Autopsy must be answered or select Unknown](#)

Field Group Description: Autopsy must be answered or select Unknown

Required to register or complete: If dropped to paper, the State office must complete the information and register the record. Fix all the following:

[Medical Information Section](#)

Field Group Description: Must be certified or released for registration.

[Personal Information Section](#)

Field Group Description: Must be released for registration

Save (as Pending)

Successfully sent to Medical Certifier

Successful Transaction
Your transaction has been saved successfully.

Record Details

First name	CAUSE
Last name	PENDING
State file number	
Date of death	08/30/2017

Other Options

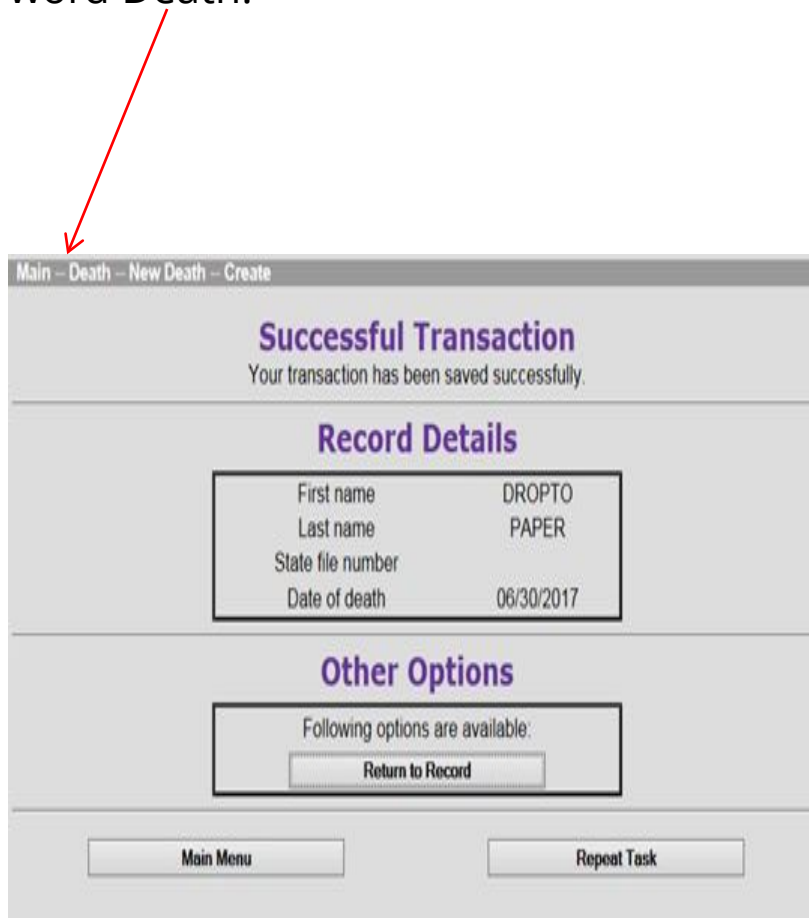
Following options are available:

[Return to Record](#)

[Main Menu](#) [Repeat Task](#)

Drop-to-Paper

Once you receive a successful transaction page after completing the electronic portion of the record and determined that the physician that you are working with is not on VRISM, yet. You will click on the word Death.



Main - Death - New Death - Create

Successful Transaction

Your transaction has been saved successfully.

Record Details

First name	DROPTO
Last name	PAPER
State file number	
Date of death	06/30/2017

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#) [Repeat Task](#)

Drop-to-Paper Records

Next you will click on Print



Then click on the Drop to Paper menu option



Drop to Paper: Search for the Record

Next you will come to a search screen, you will need to enter at a minimum the Decedent's First and Last Name & the year of Death, then click search.

Main -- Death -- Print -- Drop To Paper

Death Record Search Criteria

Record Identifiers

Event year

State file number

Certificate indicator

ME case number

Decedent's Name

First

Middle

Last

Suffix

Soundex on last name

Decedent's Sex

Sex

Decedent's Social Security Number

SSN

Date of Death

Date of death (mm/dd/yyyy)

From

To

Month and Year of Death

Month

Year

Date of Birth

Date of Birth (mm/dd/yyyy)

From

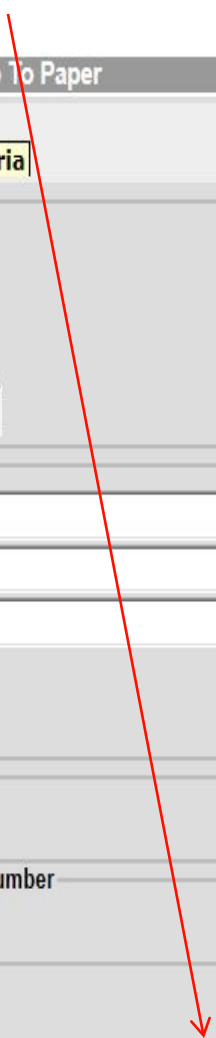
To

Location of Death

County

Cities

City



Drop to Paper: Records List

Once you hit search, a Records List will come up - click on the word Details...

Main -- Death -- Print -- Drop To Paper

Records List (Showing 1 - 1 of 1 records)

Last Name	First Name	Middle Name	Date of Death	Mother Maiden Name	Father Last Name	County	Status	
WAYNE	BRUCE	JOHN	01/01/2017	JONES	WAYNE	SUMNER	Dropped to paper	Details

Cancel

Drop to Paper: Reviewing the Record Details

Once you click the word details, it allows you to do a quick review of the record, from here you will click Continue at the bottom of the page.

Main - Death - Print - Funeral Home Copy

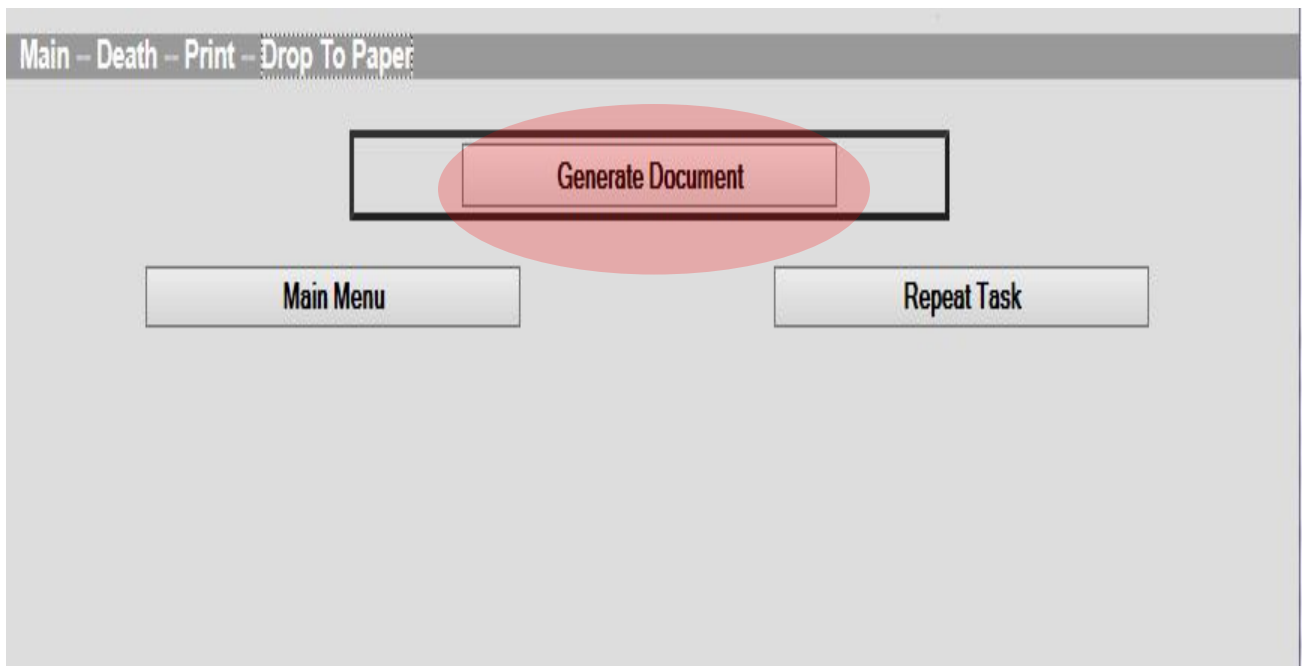
Record Details

[1 Decedent] [1A Decedent AKA's] [2 Decedent Info] [3 Origin/Race] [4 Parents/Informant] [Court Order Info] [5 Disposition] [6 Funeral Director/Embalmer] [7 **Time/Autopsy**] [8 **Cause of Death**] [9 **Manner/Details/Injury**]
[8 Actual Date/Pronounce/Contact] [10 **Certifier**] [Supporting Documents] [11 Case Actions]

1. Decedent's Legal Name First: JANE Middle: Last: FONDA Last name prior to first marriage: Suffix: Decedent has AKA/alias: No	12. Social Security Number SSN: 999-99-9999 Verification status: 36 - No SSN verification - missing or invalid data Date when export to SSA included this record: Number of OVS verification attempts: 0 Date of last OVS verification attempt: Invoke OVS2 for SSN verification: R SSN has been verified flag:
2. Sex Sex: FEMALE	8. Place/Location of Death Place of death: DECEDENT'S HOME Specify other place of death: County of death for selecting facility: ANDERSON Check if facility is not in the list: No Country: UNITED STATES State: TENNESSEE County: ANDERSON City or town: ANDERSON Facility name: Hospital code number: Street and number: VIETNAM VETERANS Apartment number: State of Occurrence FIPS Code (Required): TN State of Occurrence NCHS Code: 37 County of Occurrence FIPS Code (Required): County of Occurrence NCHS Code: City of Occurrence FIPS Code: 00000 Zip code: 37481
3. Date of Death Date of death: 01/06/2017 Date found: No	4. Time of Death Time: 12:00 Time designation: AM
6. Date of Birth Date of birth: 01/01/1940	5. Age Age: Over 1 year Age bypass verification status: 0 Years: 77 Calculated age: 77 Months: & days: Hours: & minutes:
System Information Legal name unknown: Record Type ID: 040 Common customer number: Decedent's date of death changed: Location ID of last user to update record: 11119 Current Record Flag: 1 Delayed death flag: N User is medical certifier or assistant: N Physician or ME assigned to case: Y Group that started case: FH Update pending flag: N Start TVRS: N Flag sex and cause of death codes inconsistent : N Sex unknown: Date when certifier last updated case: 01/06/2017 13:56:51 Date of death (Numeric Value): 20170106 Age should be known: N Age should be hours/minutes per DOB and DOD: Age should be months/days per DOB and DOD: Age should be years per DOB and DOD: Age entered is not the same as the calculated age: Year of death: Date of birth numeric format: 19400101 DOB unknown: 0 Court ordered death flag: N Record ID: 3004466 SSA export flag: 1 SSN unknown: 1 County code used by the state: Place of death county location ID: Location ID of facility of death: Hospice patient: Time of death unknown: 0 Age type for export: 1 Age unknown: 0 Use delayed "stamp" flag:	

Drop to Paper: Generate & Print

After reviewing the record details and clicking continue, you will click Generate, and the death certificate will appear populated with the demographic information that you entered in VRISM. You can print it from here onto plain white paper. It will already be formatted in the current state of Tennessee paper format.

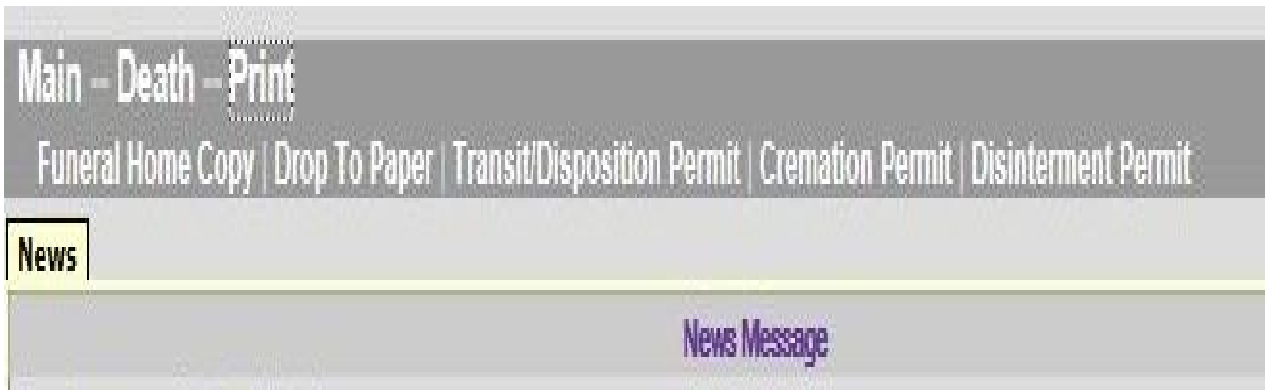


Once you have your drop-to-paper record, have the Medical Certifier complete their portion then email a copy of the record to certificates.health@tn.gov. You will still need to mail in the original certificate, but emailing a copy allows for quicker processing time.

Additional Printing Options for Funeral Homes

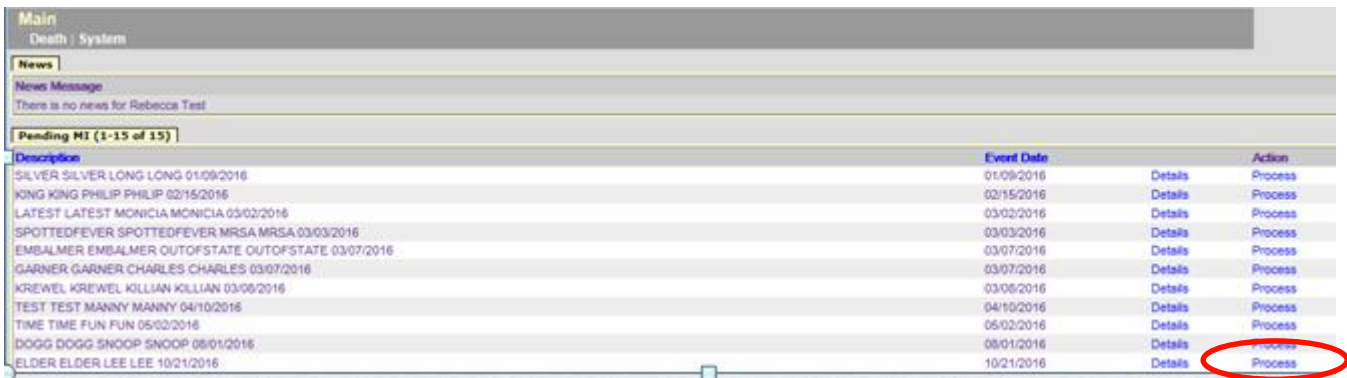
This is the path to print your Funeral Home Copy/Working Copy of the Certificate; you can also print the following:

Transition/Disposition Permits; Cremation Permits & Disinterment Permits, as well. You will still need to get to complete them, per usual.



Medically Certifying a Record from a Funeral Home (Tabs 7-10):

Once a Funeral Director has assigned a record to a Physician, the Physician will receive an email notification to certify a record in their queue.



The screenshot shows a web application interface with a header 'Main' and 'Death | System'. Below the header, there is a 'News' section with a message: 'There is no news for Rebecca Test'. The main content area is titled 'Pending MI (1-15 of 15)' and contains a table with the following data:

Description	Event Date	Details	Action
SILVER SILVER LONG LONG 01/09/2016	01/09/2016	Details	Process
KING KING PHILIP PHILIP 02/15/2016	02/15/2016	Details	Process
LATEST LATEST MONICIA MONICIA 03/02/2016	03/02/2016	Details	Process
SPOTTEDFEVER SPOTTEDFEVER MRS MRS 03/03/2016	03/03/2016	Details	Process
EMBALMER EMBALMER OUTOFSTATE OUTOFSTATE 03/07/2016	03/07/2016	Details	Process
GARNER GARNER CHARLES CHARLES 03/07/2016	03/07/2016	Details	Process
KREWEL KREWEL KILLIAN KILLIAN 03/08/2016	03/08/2016	Details	Process
TEST TEST MANNY MANNY 04/10/2016	04/10/2016	Details	Process
TIME TIME FUN FUN 05/02/2016	05/02/2016	Details	Process
DOGG DOGG SNOOP SNOOP 08/01/2016	08/01/2016	Details	Process
ELDER ELDER LEE LEE 10/21/2016	10/21/2016	Details	Process

Medical Certifiers simply locate the record that they intend to medically certify and click on Process, which will take you to Tab 1. Move forward by clicking on Tab 7 Time/Autopsy.

Tab 7. Time/Autopsy

Death – Last: *CHARMING* First: *PRINCE* Middle: *L* Date of death: *03/07/2016*

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | **7 **Time/Autopsy**** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier**

11 Case Actions

Case Information

Decedent's first name: PRINCE

Decedent's last name: CHARMING

Decedent's date of birth: 01/01/1975

Sex: MALE

Medical record number: []

Medical examiner case number: []

3. Date of Death

Date of death (MM/DD/YYYY): 03/07/2016

Date found

4. Time of Death

Time of death (HH:MM): 05:00

Time designation: PM

ME Contacted

Was medical examiner contacted? Yes

29 Autopsy

Was an autopsy performed? Yes

Were autopsy findings available to complete the cause of death? Yes

Response to Cremation Request

ME approves cremation request: Select

Previous Next Finish Cancel

Tab 7 is the Time/Autopsy. You will see the decedent's case information (First and Last name, date of birth, and sex). Below this on number 3 will be the date of death. Number 4 will have the time of death. If a funeral home starts a record, they enter a date and time of death which will populate onto tab 7.

If your findings conclude that their date or time of death are incorrect, you can change it on tab 7 and this will be the date and time of death that appears on the death certificate.

Tab 8. Cause of Death: Not Pending

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 ****Cause of Death**** | 9 ****Manner/Details/Injury**** | 10 ****Certifier**** | 11 Case Actions

28. Cause of Death PART I.

****Enter the chain of events (diseases, injuries, 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. Enter only one cause on a line. DO NOT ABBREVIATE.****

Cause of death pending
 Cause could not be determined

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
Onset to death

a. Due to (or as a consequence of)

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

b. Due to (or as a consequence of)

c. Due to (or as a consequence of)

d. Due to (or as a consequence of)

28. PART II.

Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Other Significant Conditions contributing to death

Rare Cause Alert

If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing?

Previous Next Finish Cancel

Cause of Death on tab 8 will have a few different options. There are two check boxes at the top, Pending and Could Not Be Determined. If pending is marked after cause of death is found, certifier will need to complete the delayed diagnosis. Only a Medical Examiner can mark could not be determined.

If neither of those check boxes are used, certifier will need to input part 1 immediate cause of death and other conditions leading to the cause. As they also should enter part 2 if there are any significant conditions contributing to death for this decedent.

Please note here that you can not enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. You are to only input ONE cause of death on a line and DO NOT ABBREVIATE.

Also, if an entered cause of death is rare, after the user clicks Next, the system will flag the rare cause and a warning will appear at the top of tab 8 stating it is a rare cause. At the bottom, the system will then ask the question, "has this cause(s) been confirmed by medical testing?" You will be able to answer yes or no.

Tab 8. Cause of Death: Pending

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 ****Cause of Death**** | 9 ****Manner/Details/Injury**** | 10 ****Certifier**** | 11 Case Actions

28. Cause of Death PART I.

****Enter the chain of events (diseases, injuries, 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. Enter only one cause on a line. DO NOT ABBREVIATE.****

Cause of death pending
 Cause could not be determined

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
Onset to death

a. ABC

Due to (or as a consequence of)

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

b. ABC

Due to (or as a consequence of)

c. ABC

Due to (or as a consequence of)

d. ABC

28. PART II.

Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Other Significant Conditions contributing to death

Rare Cause Alert

If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing?

In this example the cause of death has been marked as Pending. It will also mark Pending as the manner of death on tab 9. This locks out all the other fields for entry.

Click Next and it will take you through the remaining tabs to certify the record.

Tab 9. Manner/Details/Injury

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer
 7 **Time/Autopsy** | 8 **Cause of Death** | 9 ****Manner/Details/Injury**** | 10 **Certifier** | 11 Case Actions

30. Manner of Death
 Manner of death

31. Tobacco Use
 Did tobacco use contribute to death?

32. If Female
 If female, select one from list

34 a. Injury - Date
 Date of injury (MM/DD/YYYY)
 Found

34 b. Injury - Time
 Time of injury (HH:MM)
 Time designation

34 c-d. Injury - Place
 Injury at work?
 Place of injury - at home, farm, street, factory, office, building, etc. (Specify)

34 e. Injury - How
 Description

34 f. Injury - Where
 Street and number
 Apartment number
 Country
 State/province
 County list
 County
 City list
 City or town
 Zip code

33. If Transportation Injury
 Specify
 Other - specify

Manner of Death

Drop-down box:

- Select
- Natural
- Accident
- Suicide
- Homicide
- Pending Investigation
- Could not be determined

Tobacco Use

Drop-down box :

- Yes
- No
- Probably
- Unknown

If Female Drop-down box :

- Select
- Pregnant
- Not Pregnant, but pregnant within 42 days of death
- Not Pregnant, but pregnant within 43 days to 1 year before death
- Unknown if pregnant within the last year

Tab 10. Certifier: Physician

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier**

11 Case Actions

26. Person Completing Cause of Death (i.e. Certifier)

Certifier designation:

27d. Certifier's Name

Physicians:

Medical examiners:

Forensic pathologists:

Not in list

First name:

Middle name:

Last name:

Suffix:

Case access:

27d. Certifier's Address

Street and number:

Apartment or suite number:

Country:

State/province:

City list:

City or town:

Zip code:

27d. Certifier's Title

Title list:

Title:

27b. Certifier's Number

Medical license number:

27 a. c. Certification Date

Date signed by certifier (MMDDYYYY):

Tab 10 has all of the certifiers information. If any information is incorrect, contact the VRISM Team Help Desk. Information on this tab is what will print on the registered death certificate.

Note: Make sure on number 26 it has you marked correctly as a Physician or Medical Examiner

Tab 11. Case Actions

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence ANDERSON

Select ME county

Case access

Click when assignment is complete

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Case pending
Personal information status Case pending
Registration status Not submitted
Total unknown 3

Case Action History

03/13/2017 Record created by user ID: 19 -- 03/13/2017 User ID: 19 assigned case to ANDERSON

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Other reason

Certifier

PHYSICIAN-To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

Once you have completed tabs 7-10, on tab 11: Case Actions click Finish.

VRISM Warning Screen

Main

Death | System

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

Required to register: If dropped to paper, the State office must complete the information and register the record. Fix following:

Personal Information Section

Field Group Description: Must be released for registration

[Save \(as Pending\)](#)

After clicking Finish information is run on the data entered and you will see the VRISM Warning Screen. This will show if any medical information is incomplete. If all information is entered, click Save (as pending) and Return to Record on the next screen.

Successful Transaction Screen

Main
Death | System

Successful Transaction

Your transaction has been saved successfully.

Record Details

First name	PHAEDRA
Last name	PATTERSON
State file number	
Date of death	04/01/2017

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#) [Repeat Task](#)

Click Return to Record

Return to Tab 1. Decedent

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

1. Decedent's Legal Name

Un-certify on Tab 11 to make changes.

First: JOHN
Middle:
Last: DOE
Last name prior to first marriage:
Suffix:
 Decedent has AKA/alias

2. Sex

Sex: MALE

3. Date of Death

Date of death: 03/03/2017
 Date found

4. Time of Death

Time: 04:00
Time designation: AM

6. Date of Birth

Date of birth: 09/18/1956

5. Age

Age: Over 1 year

12. Social Security Number

SSN: 888-88-8888
 None
Verification status: Select

8. Place/Location of Death

Place of death: HOSPITAL INPATIENT
Specify other place of death:
County of death for selecting facility: BLEDSOE
Hospital: Select
Hospice: Select
Nursing home/long term care: Select
 Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: Select
County: BLEDSOE
City list: Select
City or town: PIKEVILLE
Facility name: ERLANGER BLEDSOE MEDICAL CENTER
Street and number: UNKNOWN
Apartment number:

Returning to the record takes you to tab 1. You are able to review all information and then certify on tab 11.

Tab 11. Case Actions: Certifying

Death -- Last: TEST First: JOHNNY Date of death: 11/04/2016

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence

Select ME county

Case access

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Other reason

Certifier

PHYSICIAN-To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Ready to be certified

Personal information status Case pending

Registration status Not submitted

Total unknown 1

Case Action History

05/12/2017 Record created by user ID: 414 -- 05/12/2017 User ID: 414

Assigned case to ERIN FUNERAL HOME NASHVILLE

Check either the 'check when ready to certify' or 'check if you decline to certify' box. Note you do have the option to decline certification, but you will have to give a reason as to why you are not certifying the record then click finish.

If you started the record and need to assign to a funeral home on the top right select your funeral home and check the assignment is complete button, then click Finish. Note: If you need to assign to a funeral home, ensure this has been done before certifying the record.

If you click certify then click the Certify button on the bottom left, then click the 'finish' button and 'save as pending'.

The record will then leave your work queue to be registered with the State by the funeral home.

If you are completing an entire death certificate, on the right side, click the 'when ready for review' box and then click the Release button. Once this is done, clicking Finish will take you to a successful transaction page and the certificate will be registered with the State.

End of Certification

Main
Death | System

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

Required to register: If dropped to paper, the State office must complete the information and register the record. Fix following:

Personal Information Section

Field Group Description: Must be released for registration

[Save \(as Pending\)](#)

Funeral Home – Releasing the Record for Registration

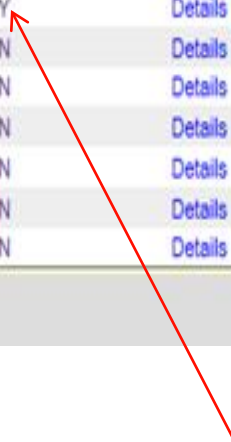
Funeral Homes can always view the record in their queue and will be able to see when those records have been medically certified.

Main – Death – New Death
Create | Update

News
News Message
There is no news for Van Bryant

Pending PI (1-9 of 9) | Pending MI (8) | Unassigned MI (5)

Description	Event Date	MI Finished	Action
DENIM DENIM DAVID DAVID 10/31/2016	10/31/2016	N	Details Process
TEST TEST JOHNNY JOHNNY 11/04/2016	11/04/2016	N	Details Process
SENIOR SENIOR JUNIOR JUNIOR 02/06/2017	02/06/2017	Y	Details Process
DOEDOE DOEDOE JOHN JOHN 02/08/2017	02/08/2017	N	Details Process
JOE JOE SAVING SAVING 02/13/2017	02/13/2017	N	Details Process
JOSEPH JOSEPH JOSEPH JOSEPH 02/13/2017	02/13/2017	N	Details Process
TEST TEST AB AB 02/14/2017	02/14/2017	N	Details Process
MAN MAN NEW NEW 02/20/2017	02/20/2017	N	Details Process
TESTER TESTER JUSTIN JUSTIN 02/24/2017	02/24/2017	N	Details Process



Find the name of the decedent in the description and MI (Medical Information) Finished should have a **Y** in the column. Click process to go into the record.

Release for Registration – After clicking Process

After selecting process, it will bring you back to Tab 1. Decedent. You can start reviewing information to make sure everything is correct. Then Proceed to Tab 11 by simply clicking the tab.

The screenshot shows a web-based registration form for a decedent. The form is titled "Death" and includes a breadcrumb trail: "Last: TEST First: JOHNNY Date of death: 11/04/2016". The form is divided into several sections, each with a tabbed header:

- 1. Decedent's Legal Name:** Includes fields for First (JOHNNY), Middle, Last (TEST), Last name prior to first marriage, and Suffix. There is a checkbox for "Decedent has AKA/alias".
- 2. Sex:** A dropdown menu set to "MALE".
- 3. Date of Death:** Includes a date field for "Date of death" (11/04/2016) and a checkbox for "Date found".
- 4. Time of Death:** Includes a time field (12:00) and a dropdown for "Time designation" (Military).
- 6. Date of Birth:** A date field for "Date of birth" (08/08/1966).
- 5. Age:** Includes a dropdown for "Age" (Over 1 year), a text field for "Years" (50), and fields for "Months" and "Hours" with corresponding "& days" and "& minutes" labels.
- 12. Social Security Number:** Includes a text field for "SSN" (999-99-9999), a checkbox for "None", and a dropdown for "Verification status" (35 - No SSN verification - missing or invalid data).
- 8. Place of Death:** Includes a dropdown for "Place of death" (HOSPITAL DOA), a text field for "Specify other place of death", a dropdown for "County of death for selecting facility" (VAN BUREN), and dropdowns for "Hospital", "Hospice", and "Nursing home/ long term care". There is a checkbox for "Check if facility is not in the list". Below this are dropdowns for "Country" (UNITED STATES), "State" (TENNESSEE), "County list" (Select), "City list" (Select), "City or town", "Facility name" (VAN VA HOSPITAL), "Street and number" (1234 TESTING WAY), "Apartment number", and "Zip code" (38586).

At the bottom of the form, there are four buttons: "Previous", "Next", "Finish", and "Cancel".

Releasing for Registration

The Funeral Director receives the record back in their work queue from the Medical Certifier. **Go to Tab 11 Case Actions.** Release for registration and your record will now be registered with the State of TN.

Check the box when ready for review (after reviewing everything).

If information is correct, **Release** the record for Registration.

VRISM – Successful Transaction Page

Successful Transaction

Your transaction has been saved successfully.

Record Details

First name	JOHNNY
Last name	TEST
State file number	123456
Date of death	11/04/2016

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#)

[Repeat Task](#)

YOUR DEATH CERTIFICATE REGISTRATION PROCESS IS NOW COMPLETE!!!

Reminders

- You must complete all required fields.
- The VRISM Warning Screen will tell you if any information is missing from the record which the Funeral Director has to complete before it can be assigned to the Medical Certifier.
- When the Medical Certifier sends the record back to the Funeral Director work queue, you can review the record to make sure everything is correct. If all information is correct, **RELEASE** the record for **REGISTRATION**.

Frequently Asked Questions:

- **“We have a new employee in our office. Can I just let them use my account to log into the system?”**
 - No; please have them send in a completed VRISM Access User Request & Agreement to vrismuser@tdhs.zendesk.com . Once they have been registered, an email will be sent to their email address with their login information.
- **“When I’m logging in, I get a question I never set up. How do I answer the question?”**
 - DO NOT ANSWER the question if you do not recognize it. Simply close the login window and click Login again on the VRISM Main Page. If this problem persists, ensure that you are entering your login information correctly; it is case sensitive (use shift key, not caps lock).
- **“When I’m logging in, I get a question I never set up. How do I answer the question?”**
 - You may go in and reset your password by clicking System on the Main Page once you are logged in. You may also click the reset button when prompted to enter your username. If you have difficulty, please call the Help Desk.
- **“How can I save my work?”**
 - It is important to keep in mind that the **‘Finish’ button is your save button.** The record should still be in your queue. If it is not in your queue, it is because it was completed/registered with the State. You may search for the record through the search menu option, but you will no longer be able to make changes to the record.
- **“Can I use VRISM in Google Chrome, Edge or Mozilla?”**
 - The VRISM system works best with Internet Explorer 11, which is the preferred choice. It also works well with Safari.
- **“Can I get a copy of the Tennessee Funeral Director’s Handbook?”**
 - Yes; please use this link:
<https://www.tn.gov/assets/entities/commerce/attachments/FuneralDirectorsHandbook-2012.pdf>
- **“If a Physician starts a record and assigns it to a Funeral Home, will the Funeral Home be able to complete their portion (the demographic portion) of the record?”**
 - Yes; the system is set up to support this. The Funeral Director and staff will always be prevented from touching the Medical Tabs

VRISM Help Desk:

Please call our VRISM Help Desk number: 1-855-874-7686, if you need assistance.

Help Desk Hours are from 8:00 AM CST – 4:30 PM CST, Monday through Friday, at the moment.

Beginning in October, the Help Desk Hours will extend to 8:00 AM - 6:00 PM CST Monday through Thursday to better assist our users.

You may also email the VRISM Team at the following emails:

kathy.seelye@tn.gov

erin.wilson@tn.gov

tina.wetherbee@tn.gov

van.bryant@tn.gov

harriet.fultz@tn.gov

anne.carpenter@tn.gov

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