



V R I S M

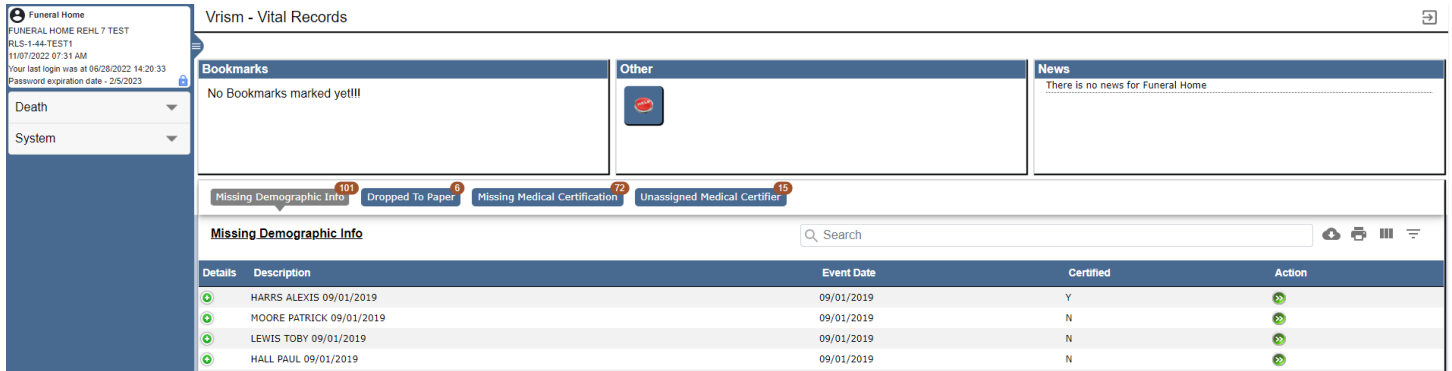
Funeral Director Guide
Tennessee Vital Records
2024

Funeral Director Responsibility

- The responsibility of funeral directors obtaining the medical certification on the certificates of death remains the same from the previous paper process to the now fully electronic VRISM process.
- T.C.A. 68-3-502 requires that the death certificate be filed within 5 days of death.
- Funeral directors will be responsible for tabs 1-6, which is the demographic information of the decedent, as well as the physician assignment and release portion of tab 11.
- Per TCA 68-3-502 all death events shall be registered before final disposition.

Once you have logged into VRISM, this is the screen you will see.

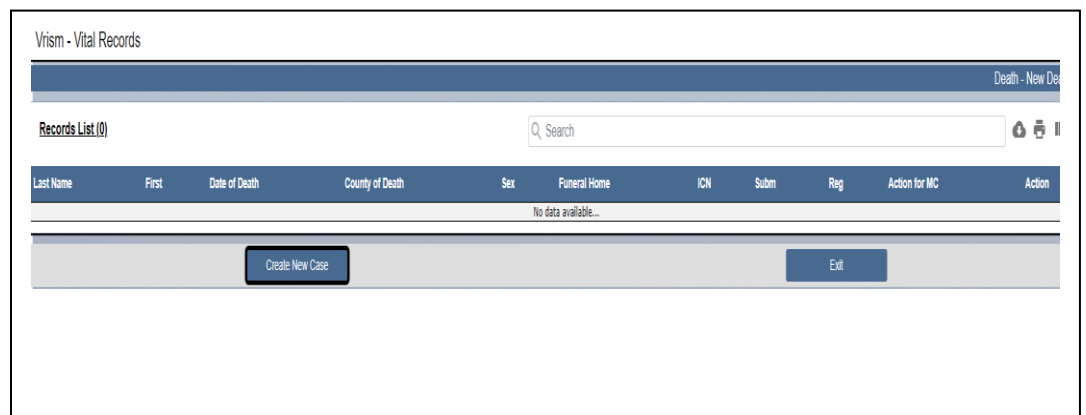
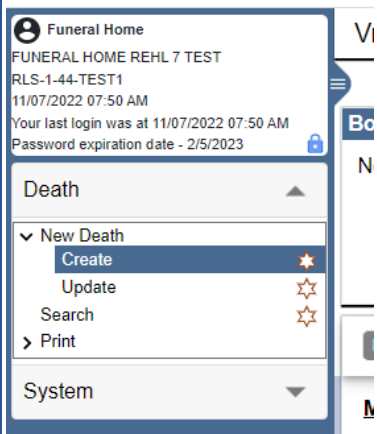
Funeral Home Queue



These records are in your work queue and will require your attention at some point, you can click through the different tabs to see what is needed to file the records.

Creating a Record

To create a record, follow the path: Death > New Death > Create on the left side of the screen. Enter in the decedent's information and click search. If no existing records match this search, press Create New Case.



Tab 1: Decedent

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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: POPEYE
Middle: THE
Last: SAILOR
Last name prior to first marriage:
Suffix:
 Decedent has AKA/alias

2. Sex
Sex: MALE

3. Date of Death
Date of death: 05/17/2018
 Date found

4. Time of Death
Time: 12:00
Time designation: PM

6. Date of Birth
Date of birth: 01/17/1929

5. Age
Age: Over 1 year
Years: 89
Months: & days:
Hours: & minutes:

12. Social Security Number
SSN: 999-99-9999
 None
Verification status: 35 - No SSN verification - missing or invalid data

8. Place/Location of Death
Place of death: NURSING HOME/LONG TERM CARE
Specify other place of death:
County of death for selecting facility: SHELBY
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: SHELBY
County: SHELBY
City list: ARLINGTON
City or town: ARLINGTON
Facility name: SEA DOGS RETIREMENT HOME
Street and number: 999 BARNACLE WAY
Apartment number:
Zip code: 99999

Previous Next Finish Cancel

Complete all information in the opened white fields, others may open as you enter information.

Note: Any changes made to tab 1 other than the middle name or the social security number after a physician has certified the cause of death will result in the record becoming un-certified thus causing the physician to certify the record again.

Please be sure to go back to tab 1 before you release the record to the state to ensure the social security number has been verified. You can make 5 attempt to verify the social security number to the decedent.

Tab 2: Decedent Info

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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

7. Birthplace

Country: UNKNOWN
State/province: Select
City list: Select
City: [Redacted]

9. Marital Status

Marital status: NEVER MARRIED

10. Surviving Spouse

Unknown

First: [Redacted]
Middle: [Redacted]
Last name of spouse prior to first marriage: [Redacted]
Suffix: [Redacted]

11. Decedent's Occupation/Industry

Usual occupation: SAILOR
Kind of business/industry: MAN

13. Decedent's Residence

Street and number: 999 BARNACLE WAY
Apartment number: [Redacted]
Country: UNITED STATES
State/province: TENNESSEE
County list: SHELBY
County: SHELBY
City list: ARLINGTON
City or town: ARLINGTON
Zip code: 99999
Inside city limits? Yes

14. US Armed Forces

Decedent ever in US armed forces? Yes

15. Decedent's Education

Education: 9TH - 12TH GRADE, NO DIPLOMA

Previous Next Finish Cancel

Note: Kind of business is NOT a business name, just the type is needed

17

Tab 3: Origin/Race

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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. Check Decedent's Best Hispanic Origin, if not Hispanic, check No box

No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, or Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
Specify other: [Redacted]
 Unknown

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

White
 Black or African American
 American Indian or Alaska Native
Tribe 1: [Redacted]
Tribe 2: [Redacted]
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian
Specify 1: [Redacted]
Specify 2: [Redacted]
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander
Specify 1: [Redacted]
Specify 2: [Redacted]
 Other race
Specify 1: [Redacted]
Specify 2: [Redacted]
 Unknown

Previous Next Finish Cancel

Tab 4: Parents/Informant

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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 UNKNOWN
Suffix

20. Informant's Name and Address
Relationship to decedent: COMPANION
Other - specify
First OLIVE
Middle
Last OYL
Suffix

Informant's Mailing Address
 Same as decedent
Street and number 999 BARNACLE WAY
Apartment number
Country UNITED STATES
State/province TENNESSEE
City list ARLINGTON
City or town ARLINGTON
Zip code 99999

Previous **Next** Finish Cancel

Complete all required information

Tab 5: Disposition

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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
 Donation
 Removal from state
Other - specify BURIAL AT SEA
 Cremation
 Entombment
 Other

21b. Place of Disposition
Country UNKNOWN
State/province Select
City list Select
City or town UNKNOWN
Name of cemetery or other place INTERNATIONAL WATERS

23. Funeral Home/License No.
Funeral homes FUNERAL HOME TEST - ANDERSON
 Funeral home not in list
Trade call
Trade call funeral home list Select
Name FUNERAL HOME TEST
Street and number 1234 LOOP RD
Apartment number
Country UNITED STATES
State/province TENNESSEE
City list ANDERSON
City or town ANDERSON
Zip code 37057
Phone 999-999-9999
Funeral home license number 654654
Preferred method of contact QUEUE
Contact information

Previous **Next** Finish Cancel

Tab 6: Funeral Director/Embalmer

Death -- Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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

List by name

List by license number

Funeral director not in list

License number

First

Middle

Last

Suffix

22 c, d. Embalmer

Not embalmed

Embalmers by name

Embalmers by license

Embalmer not in list

License number

First


Middle

Last

Suffix

Once this information is completed, click on “Finish” then “Save as Pending” on the next page so you can print a funeral home copy. Please review this with the family. This will help to reduce errors and the hopefully eliminate the need for submitting an affidavit later to correct incorrect information.

How to print a funeral home copy for review


 Ronald Test


RONALD FUNERAL HOME

RLS-1-44-TEST1


11/09/2022 04:18 PM

Your last login was at 11/09/2022 14:12:55







Password expiration date - 12/28/2022 


Death 

> New Death

Search 

▼ Print

- Funeral Home Copy 
- Drop To Paper 
- Transit/Disposition Permit 
- Cremation Permit 
- Disinterment Permit 
- Blank Forms 

System 

Follow the path:

Death > Print > Funeral Home Copy

Enter the year of death and the decedents First and Last name, click search.

Click continue on the bottom of the screen

Click “Generate Document”, copy will generate then print it and show it to the family. You could even have them sign it for future reference if there becomes the need for an affidavit.

After reviewing the Funeral Home Copy with the family go back to the record and go to tab 11.

Tab 11: Case Actions

Death – Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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 TEST PHYSICIAN 4986595

Physician not in list

County of occurrence ME

Select ME county

Case access ELECTRONIC

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Certifier

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

Certify Un-certify

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

Release Un-release

Case Status Information

Medical information status New

Personal information status Case pending

Registration status Not submitted

Total unknown 4

Case Action History

05/18/2018 Record created by user ID: 533

Previous Next Finish Cancel

To assign a certifier, select the appropriate physician from the drop-down list, if this is a ME case assign it to the appropriate county of death. You must then check the box “Click when assignment is complete” and click on “Finish” at the bottom of the screen.

VRISM Warning Screen

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 information. Fix following:

Decedent's father's last name is required
Field Group Description: Decedent's Father's Last Name must be entered

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

Was medical examiner contacted must be answered
Field Group Description: Was medical examiner contacted must be answered

Manner of death must be selected
Field Group Description: Manner of death must be selected

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)

After you hit “Finish” on the previous page, if there are any items uncompleted, you will receive this warning page. Click on the item to be taken to it directly to complete.

Checking Certification Status

Logged in as: Funeral Test at FUNERAL HOME TEST
Version: 8L5-4-22-TEST1
05/18/2018 07:32 AM
Logout | Help

Main
Death | System

News
There is no news for Funeral Test

Missing Demographic Info (1-2 of 2) | Missing Medical Certification (1) | Unassigned Medical Certifier (1)

| Description | Event Date | Certified | Action |
|--------------------------|------------|-----------|---------|
| TEST BABY AGE 02/22/2018 | 02/22/2018 | N | Details |
| SALOR POPEYE 06/17/2018 | 06/17/2018 | Y | Process |

Once the cause of death has been certified by the medical certifier you will see the indicator has changed to a “Y”. You can now release the record to the State for registration

Releasing a Record

Death - Last: SAILOR First: POPEYE Middle: THE Date of death: 05/17/2018

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

Assign to Physician or ME County

Assign to Funeral Home

Release Case

Release Case

Case Action History

Previous Next **Finish** Cancel

Return to the record and go to tab 11, check the box “ready for review before releasing” and then click the button “Release”, then finish at the bottom.

NOTE: Only a funeral director or an individual acting as the funeral director may press the “release” button to register a record.

Successful Transaction

Main
Death | System

Successful Transaction
Your transaction has been saved successfully.

Record Details

| | |
|-------------------|------------|
| First name | POPEYE |
| Last name | SAILOR |
| State file number | 000108 |
| Date of death | 05/17/2018 |

Main Menu Repeat Task

This is the screen you should see once it is registered with the State office.

VRISM TIPS

Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

27d. Certifier's Address
Street and number 710 WASABI TRAIL
Apartment or suite number
Country UNITED STATES
State/province TENNESSEE
City list GATLINBURG
City or town GATLINBURG
Zip code 25698

27d. Certifier's Title
Title list DO
Title DO

27b. Certifier's Number
Medical license number 4986595

27 a, c. Certification Date
Date signed by certifier (MM/DD/YYYY)

Previous Next **Finish** Cancel

Note: Physician's do not enter any information on Tab 10. The "date signed by Certifier" will auto-populate when they have certified the record on tab 11.

Death - Last:SAVOR First:POPEYE Middle:THE Date of death:05/17/2018

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

Assign to Physician or ME County
Select physician
 Physician not in list
County of occurrence SHELBY
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

Certifier
 PHYSICIAN-To the best of my knowledge, death occurred at the date, time, 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, time, 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 Certified
Personal information status Case pending
Registration status Not submitted
Total unknown 4

Case Action History
05/18/2018 Record created by user ID: 533 -- 05/18/2018 User ID: 533
Assigned case to PHYSICIAN TEST 4986595 -- 05/18/2018 User ID 483 certified this case

Previous Next **Finish** Cancel

To reassign a record, you would go to Tab 11 and select the new physician's name of the drop-down list. Click "check when assignment is complete" before saving the change.

Note: The physician listed in Tab 10 is the currently assigned physician.

VRISM Tips

Getting a physician to sign a record

- If you are having trouble getting a physician to sign a record and the death occurred at a medical facility, please call and speak to the Administration, Risk Management or the Chief Medical Officer.
- If the physician refuses to do their due diligence or fails to complete the task in a timely manner, you may also reach out to the Medical Board for guidance.
- You can report the physician to the medical board at:
<https://www.tn.gov/health/health-professionals/hcf-main/filing-a-complaint.html>
- The Office of Vital Records, specifically VRISM, acts as a platform for vital records and does not have jurisdiction to force medical certifier compliance.

Making Changes to a registered record

- All changes made to a registered record will require an original notarized affidavit.
- Changes made to items directly related to death such as name, date of death, place of death, time of death or cause of death will require an affidavit from the physician.
- For more information about the process or for status updates please contact the Amendments Department at
vramendments@tdhs.zendesk.com



Thank you

855.874.7686 · health.vrism@tn.gov