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Vital Statistics Administration

# Maryland Electronic Death Registration Funeral Director Training Guide

## Transcribing the Medical Information

These instructions are for a funeral director who is creating a new death record and transcribing the information that the medical certifier has provided on the triplicate paper death certificate form.

February 2020

Version 3.0

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## Getting Started with EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

The MD-EDRS allows some users to scan and attach documents to the electronic record. Depending on your scanner, you may be able to select the PDF format from the scanner or by selecting "Save As" → "PDF" as the format type. Please refer to your manufacturer's instructions for additional information.

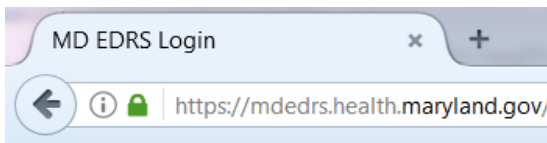
Configuring your website to allow for pop-ups will depend on the web browser that you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web-browser is allowing pop-ups. For more information and instructions on enabling pop ups, please refer to the *[MD-EDRS Browser Configuration and Printing Guide](#)*.

For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

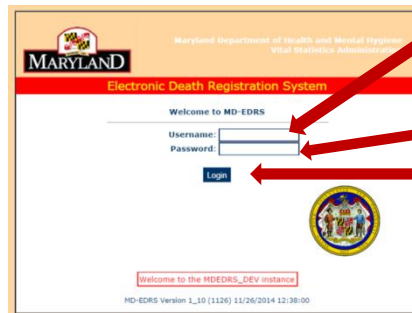
## Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the URL address. FOR TRAINING PURPOSES, please go to the following URL address: <https://mdedrs.health.maryland.gov/train>. \*\*Please DO NOT ENTER ANY REAL CASES in this location.\*\*

The URL address to use for filing actual cases is: <https://mdedrs.health.maryland.gov>

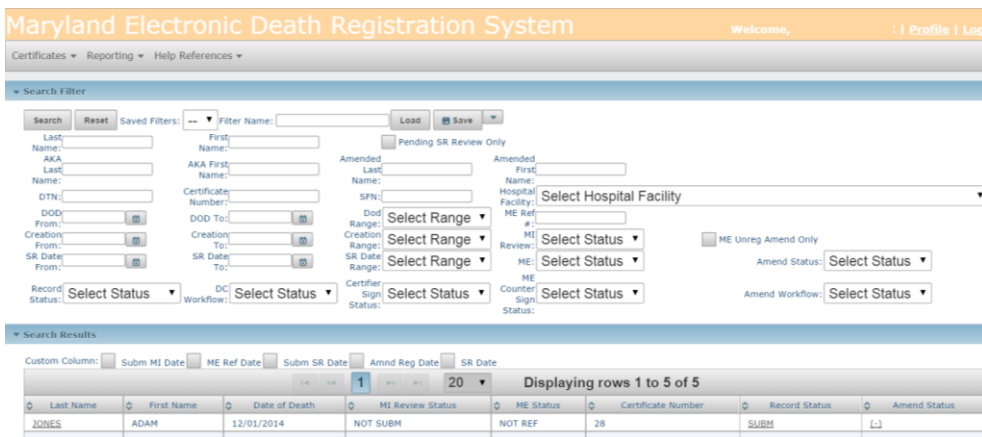


2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Passwords are case-sensitive, so it is important to remember whether the letters are uppercase or lowercase. Next, click "Login."



**\*\*NOTE: First time users will be prompted to change the password that was assigned. PLEASE MAKE A NOTE OF YOUR USERNAME AND PASSWORD AND STORE THE INFORMATION IN A SECURE LOCATION.**

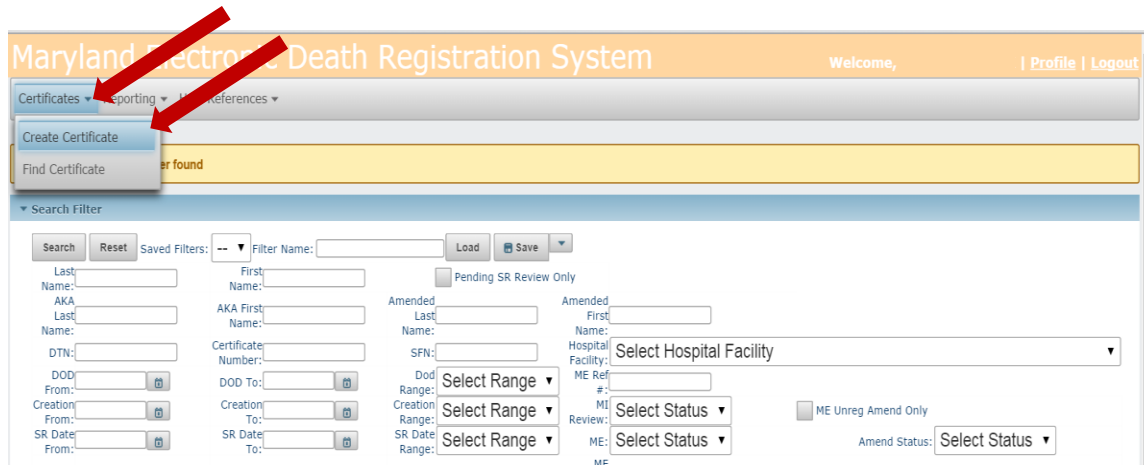
Once logged in, the screen below will appear:



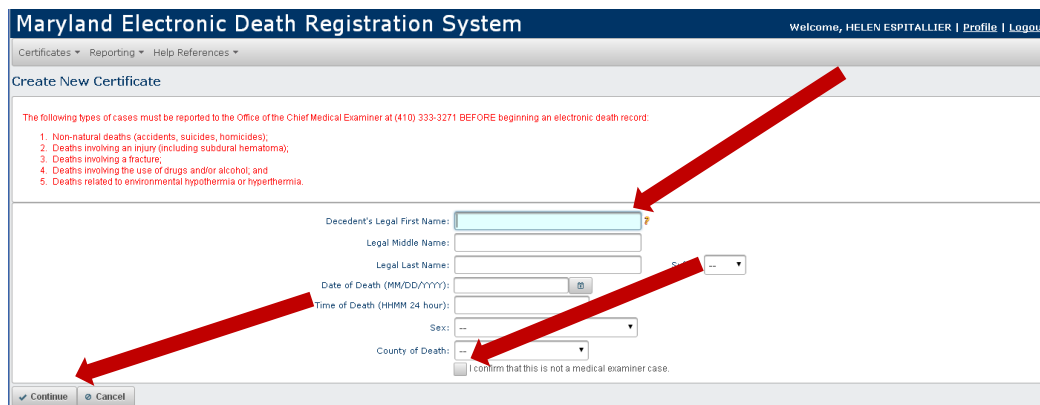
# Creating a Record and Transcribing the Medical Certifier Information

These instructions are for a funeral director who is creating a new death record and transcribing the information that the medical certifier has provided on the triplicate paper death certificate form.

1. Once logged in, click on “Certificates” and then “Create Certificate”:



2. Enter the information on the decedent, check the box to confirm that this is not a medical examiner case, and then click “Continue.”



**\*\*NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser.” This could happen if another funeral home transfers a record to you, or if you didn’t know that the medical certifier had already started the record. If you see a potential match, click on the “Last Name” and review the record carefully to ensure that it is the same decedent. If it is the same decedent, complete the record (see the manual *Completing a Certificate Started by the Medical Certifier*).

Maryland Electronic Death Registration System

Welcome, Profile | Logout

Certificates Reporting Help References

### Potential Duplicate Record Browser

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Create Record Cancel

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status	Amend Status	C
JONES	ADAM	2014-12-01 00:00:00.0	ATT	NOT SUBM	NOT REF	28	SUBM		

Other Potential Duplicates in Jurisdiction (1 of 1)

Last Name	First Name	Date of Death	Creating Organization
No records found.			

If it is NOT the same decedent, click on “Create Record” in order to begin entering the information.

Maryland Electronic Death Registration System

Welcome, Profile | Logout

Certificates Reporting Help References

### Potential Duplicate Record Browser

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Create Record Cancel

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status	Amend Status	C
JONES	ADAM	2014-12-01 00:00:00.0	ATT	NOT SUBM	NOT REF	28	SUBM		


Other Potential Duplicates in Jurisdiction (1 of 1)

Last Name	First Name	Date of Death	Creating Organization
No records found.			

## Entering the Personal Information

3. The Personal Information screen will appear and you can enter the information in the fields. This is the same information that you currently fill out on the existing paper copy of the Death Certificate. Make sure to save the information frequently by clicking the Save [F8] tab at the top of the page.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. At the top, there's a navigation bar with 'Certificates', 'Reporting', and 'Help References'. Below that, there are tabs for 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The main form area displays personal information for a decedent: Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The form includes fields for First Name, Middle Name, Last Name, Suffix, and Birth Information (Number, Sex, Date of Birth, Age Type, State). There are also fields for Decedent Address (Address Type, State, City/Town, Street Number, Zip Code). A red arrow points to the 'Personal Information' tab at the bottom of the form.

**\*\*NOTE:** There are minor changes to a few of the fields on the certificate, such as race and education. Click the  next to the field and you will be given additional information on how to complete any item.

4. After the information is entered, click on the Validation tab near the top of the page and then on "Validate PI" to check for any errors (it may take a moment for the information to be validated).

The screenshot shows the 'Maryland Electronic Death Registration System' interface with the 'Validation' tab selected. A dropdown menu is open, showing options: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate All', and 'Medical Spell Check'. A red arrow points to the 'Validate PI' option. The main form area displays personal information for a decedent: First Name: DONALD, Middle Name: [blank], Last Name: [blank], Date of Death: 11/03/2014, Sex: MALE, Certificate: 48, Status: SUBM. The form includes fields for Social Security Number (384702744), Sex (MALE), Date of Birth (11/15/1977), Age Type (AGE YEARS), Place of Birth (Address Type: US STATE, State: Florida), and Usual Residence of Decedent (Address Type: US STATE, State: Maryland).

If any errors are found, they will be listed on the screen in red and should be corrected.

Maryland Electronic Death Registration System

Welcome, | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: PEANUT Middle Name: M Last Name: BRITTLE 2. Date of Death: 12/04/2014 6. Sex: MALE Certificate: 72 Status: INC

**Information First Name is required.  
Information City is required.  
Information Street Name is required.  
Information Last Name is required.  
Information Middle Name is required.  
Information Address Type is required.  
Information Relationship Field City is required.**

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: --  
If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix: --

5. Social Security Number 384702783  
6. Sex: MALE  
8. Date of Birth: 05/11/1988  
7. Age Type: AGE YEARS Years: 26

Once the corrections are made, select "Validate PI" again in order to be sure that all errors have been corrected. The message "Successfully Validated Personal Information" will appear if there are no errors.

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: ADAM Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6. Sex: MALE Certificate: 28 Status: INC

**Successfully validated Personal Information.**

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: --  
If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix: --

5. Social Security Number 123456879  
6. Sex: MALE  
8. Date of Birth: 12/01/1952  
7. Age Type: AGE YEARS Years: 62  
9. Place of Birth: Address Type: US STATE State: Maryland

Personal Information Medical Information Funeral Director Certificate View



## Entering the Funeral Director Information

5. Go to the Funeral Director tab near the bottom of the page and enter the required information.

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes "Certificates", "Reporting", and "Help References". Below this are tabs for "Certificate Options", "Permit Options", "Validation", and "Save [F8]". The main form area displays personal information: "1. First Name: ADAM Middle Name: ROBERT Last Name: JONES", "2. Date of Death: 12/01/2014", "6. Sex: MALE Certificate: 28 Status: INC". The "Funeral Director" tab is selected, showing fields for "21a. Method of Disposition" (Burial, Cremation, Donation, Entombment, Removal from State), "21b. Place of Disposition", "21c. Date of Disposition", "21d. Address Type" (with sub-fields for Street Number, Street Name, Apt/Suite/Unit, City, Town, Zip Code), and "22c. Funeral Facility Name" (with sub-fields for State, Street Number, Street Name, Apt/Suite/Unit, City, Town, Zip Code). A red arrow points from the top right towards the "Funeral Director" tab.

When all of the information on this tab has been entered, click on the Validation tab near the top of the page and then on "Validate FD" to check for any errors (you may have to wait a moment for the information to be validated).

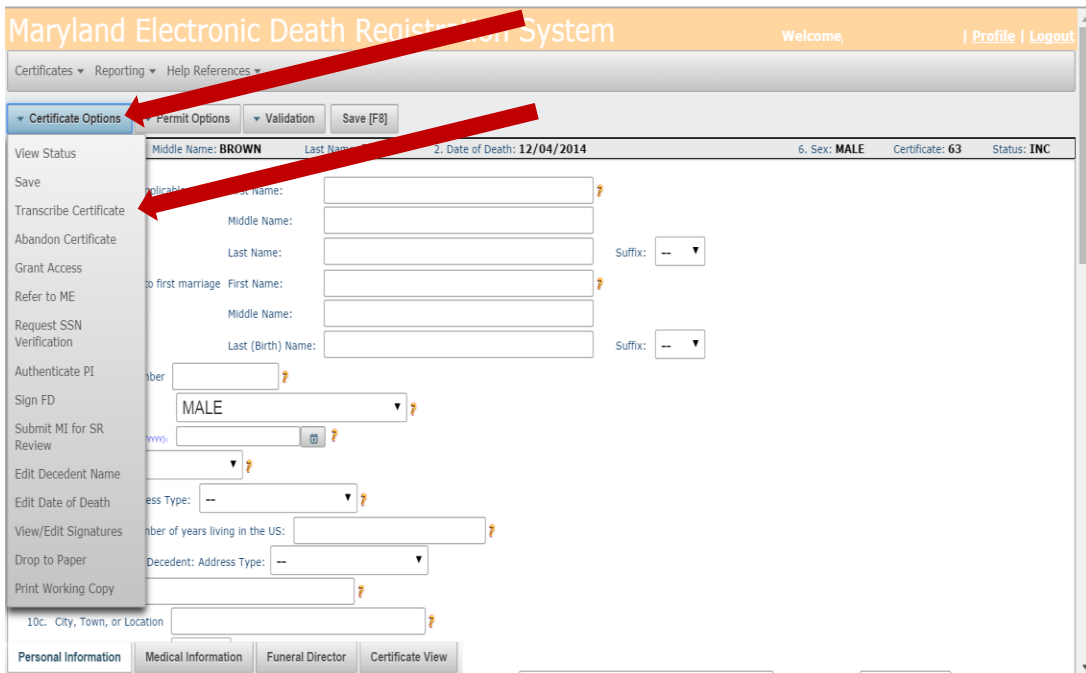
The screenshot shows the same system interface with the "Validation" tab selected. A dropdown menu is open under "Validation", showing options: "Validate PI", "Validate MI", "Validate FD", "Validate All", and "Medical Spell Check". The "Validate FD" option is highlighted with a red arrow. The form data is updated: "1. First Name: PEANUT Middle Name: Middle Name: Last Name: TITLE", "2. Date of Death: 12/04/2014", "6. Sex: MALE Certificate: 72". The "Funeral Director" tab is still selected, showing "21a. Method of Disposition" (Burial checked), "21b. Place of Disposition: HIGHER WAVES", "21c. Date of Disposition: 12/04/2014", "21d. Address Type: US STATE State: Louisiana Street Number: 83787 Street Name: MAIN STREET City, Town: new orleans Zip Code: 28734", and "22c. Funeral Facility Name: METROPOLITAN FUNERAL State: Maryland".

Any errors found will be listed on the screen and should be corrected. The "Validate FD" button should be clicked again to be sure there that all errors have been corrected. The message "Successfully Validated Funeral Director Information" will appear once the information has been validated. Remember to click on the Save[F8] tab in order to save the record.

The screenshot shows the same system interface with a blue banner at the top stating "Successfully validated Funeral Home Information." with a red arrow pointing to it. The "Validation" tab is still selected. The form data remains the same as in the previous screenshot, including "1. First Name: PEANUT Middle Name: N Last Name: BRITTA", "2. Date of Death: 12/04/2014", "6. Sex: MALE Certificate: 72", and the "Funeral Director" tab information.



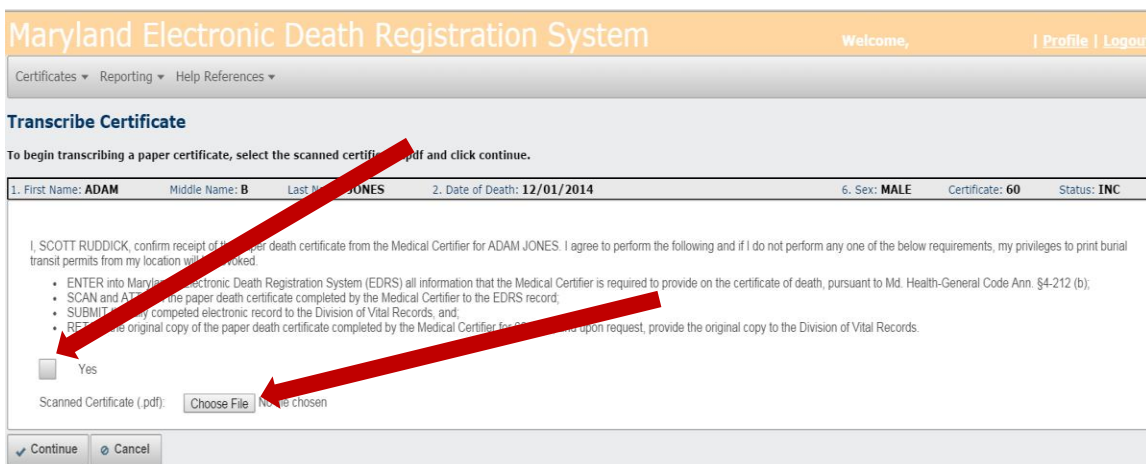
6. To begin transcribing the Medical Certifier information, click on Certificate Options and then “Transcribe Certificate”:



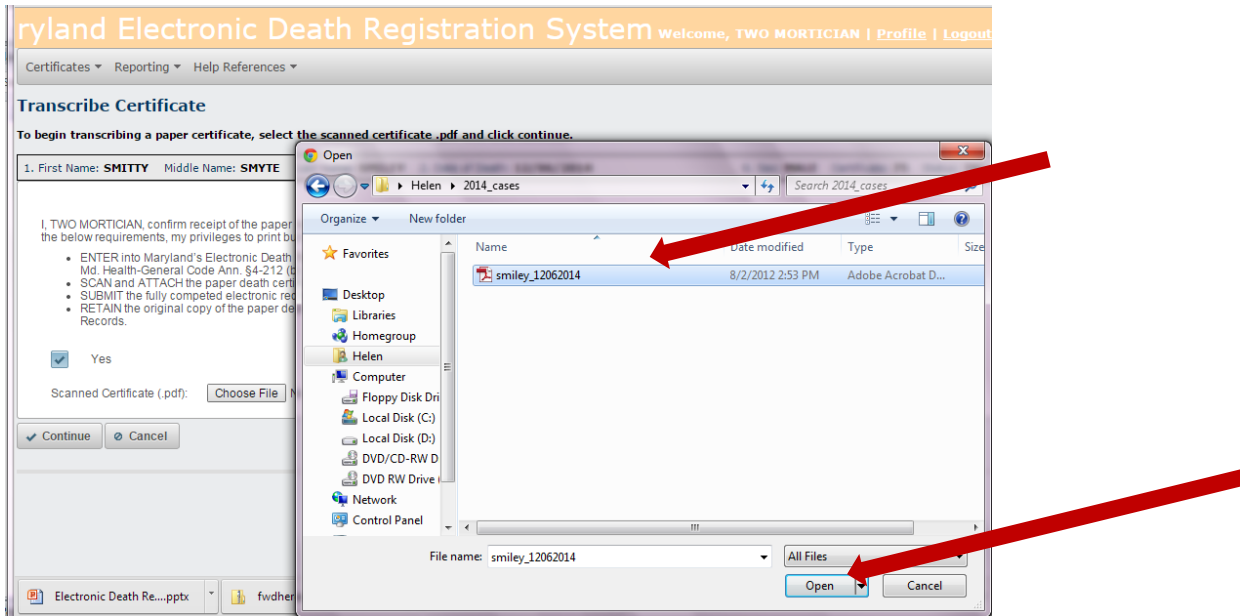
7. Before entering any information, the system requires you to make the following assurances:

- You will enter all data provided by the Medical Certifier;
- You will scan and attach the paper copy Certificate provided by the Medical Certifier;
- You will retain the original copy of the paper Certificate for 60 days; and
- You will provide the original copy of the paper to the Division of Vital Records upon request.

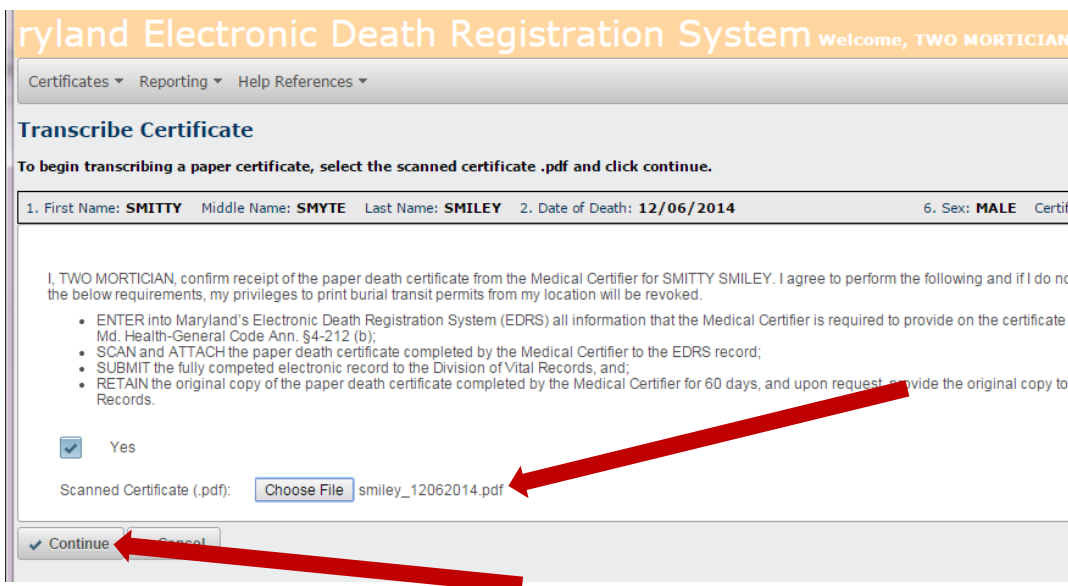
Check the box “Yes” to indicate that you agree to these terms and then click on “Choose File.”



Select the file containing the scanned copy of the certificate provided by the Medical Certifier and click “Open.”



You can verify that the correct file has been chosen by looking next to the “Choose File” button. Next, click “Continue.”



8. When you see the message “Successfully started transcribe for certificate,” the Medical Information tab will be open. Enter the medical information from the triplicate paper certificate provided by the Medical Certifier exactly as reported on the paper copy certificate signed by the Medical Certifier.

Maryland Electronic Death Registration System

Welcome, Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: **ADAM** Middle Name: **B** Last Name: **JONES** Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **60** Status: **INC**

**Successfully started transcribe for certificate.**

1. Decedent's Legal First Name: **ADAM** ?  
Middle Name: **B**  
Last Name: **JONES** Suffix: --

2. Date of Death (MM/DD/YYYY): **12/01/2014** ?

3. Time of Death: **0100** ?

4c. County of Death: **BALTIMORE** ?

26. Place of Death: -- ?  
Medical Facility: -- ?

4a. Facility Name (if not institution, give street and number): ?  
Street Number: Street Name: Apt/Suite/Unit:

4b. City or Town: ?  
Zip Code: -

23a. Part I  
Enter the chain of events - disease, injuries, and conditions - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line

Approximate Interval Between Onset and Death

Personal Information **Medical Information** Funeral Director Certificate View

9. Check that all of the information on the Medical Information tab is correct by clicking on the Validation tab and then “Validate MI.”

Maryland Electronic Death Registration System

Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options **Validation** Save [F8]

1. First Name: **FUFU** Middle Name: **L** Last Name: **FIF** Date of Death: **11/04/2014** 6. Sex: **MALE** Certificate: **40** Status: **INC**

1. Decedent's Legal First Name: **FU** ?  
Middle Name: **LAN** ?  
Last Name: **FIF** ?

2. Date of Death (MM/DD/YYYY): **11/0** ?

3. Time of Death: **1201** ?

4c. County of Death: **ANNE ARUNDEL** ?

Validate P1  
**Validate MI**  
Validate FD  
Validate All  
Medical Spell Check

10. The VIEWS II functionality: enables improved cause of death data validations during data entry. If there are any VIEWS II suggestions for corrections, they will appear in the blue bar.

1. Decedent's Legal First Name: **VALIDATE** ?  
 Middle Name: **FOR**  
 Last Name: **VIEWS** Suffix: --

2. Date of Death (MM/DD/YYYY): 04/08/2019 ?

3. Time of Death: 0406 ?

4c. County of Death: BALTIMORE CITY ?

26. Place of Death: INPATIENT ?  
 Medical Facility: JOHNS HOPKINS HOSPITAL, THE

4a. Facility Name (if not an institution, enter the street number and name below): JOHNS HOPKINS HOSPITAL, THE ?  
 Street Number: 600 Street Name: NORTH WOLFE STREET Apt/Suite/Unit:

4b. City or Town: BALTIMORE ?  
 Zip Code 21287 -

23a. Part I  
 Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), 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.

Immediate Cause (Final disease Or condition resulting in death) a. CHRONIC RENAL FAILURE ? Approximate Ints and Death 1 DAY

*Note: A blue bar at the top of the form contains the message: 'Successfully validated Medical Information. Cause 1 (23a Part I) might have spelling errors. Original: CRONIC. Suggestions: CHRONIC, CLOINC, URONIC, CHRONICA'. A red arrow points to this bar.*

11. Proceed without updating the record, select 'Save and Complete Transcribe'

▼ Certificate Options ▼ Permit Options ▼ Validation Save [F8] **Save and Complete Transcribe**

1. First Name: **TODAY** Middle Name: **IS** Last Name: **FEBRUARY** 2. Date of Death: **02/21/2020**

**Please address the validation suggestions below if necessary. Click Save and Complete Transcribe above wh**

**Successfully saved the Certificate.**  
 Cause 1 (23a Part I) might have spelling errors. Original: CRHONIC; Suggestions: CHRONIC, CHRONICA, CHOR

1. Decedent's Legal First Name: **TODAY** ?  
 Middle Name: **IS**  
 Last Name: **FEBRUARY** Suffix: --

2. Date of Death (MM/DD/YYYY): 02/21/2020 ?

3. Time of Death: 1515 ?

4c. County of Death: BALTIMORE ?

26. Place of Death: INPATIENT ?  
 Medical Facility: GREATER BALTIMORE MEDICAL CENTER

4a. Facility Name (if not an institution, enter the street number and name below): GREATER BALTIMOR  
 Street Number: 6701 Street Name: NORTH CHARLES STRE

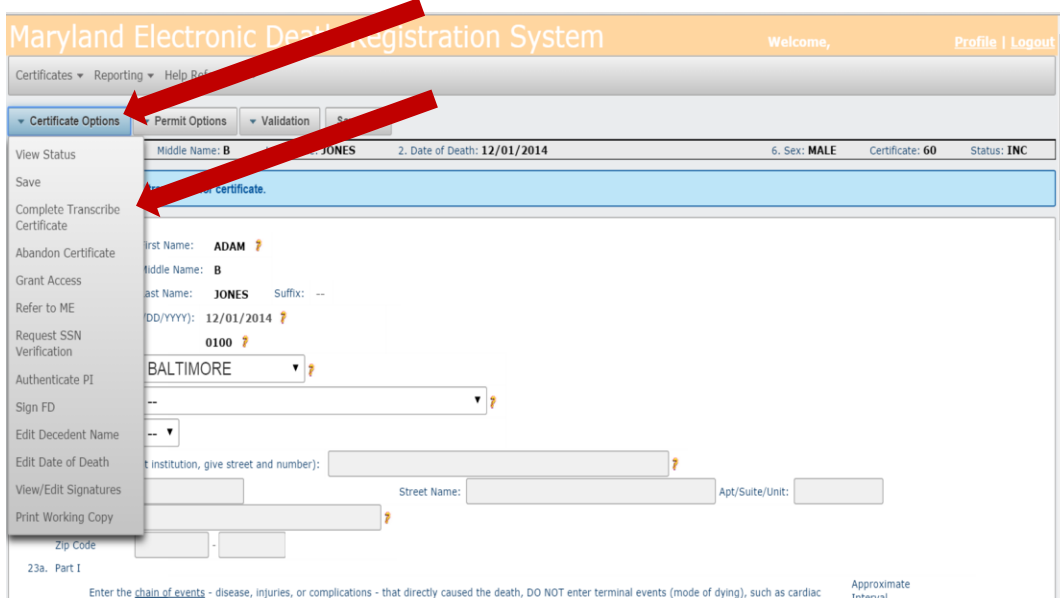
4b. City or Town: BALTIMORE ?  
 Zip Code 21204 -

23a. Part I  
 Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NO etiology. DO NOT ABBREVIATE. Enter only one cause on a line.  
 Add additional lines if necessary.

Immediate Cause (Final disease Or condition resulting in death) a.

*Note: A red arrow points to the 'Save and Complete Transcribe' button.*

10. Once you have entered and validated the information, click on Certificate Options and then “Complete Transcribe Certificate.”



11. The next screen will require you to make the following assurances regarding the Medical Certifier information that you entered and to add information about the Medical Certifier:

- Attest that all information provided by the Medical Certifier has been entered into EDRS as provided on the death certificate;
- Understand that the ability to print a Burial Transit Permit at my location is a privilege and can be revoked at any time, if incomplete or inaccurate information is knowingly submitted; and
- Understand that a person who willfully enters false information onto a certificate of death through EDRS is guilty of a misdemeanor and, upon conviction, is subject to a monetary penalty pursuant to MD. Health-General Code Ann. §4-227(1).

Check the box “Yes” to indicate that you agree to these terms, complete the required information, and then click “Continue.”

**Maryland Electronic Death Registration System** | Welcome | Profile | Logout

Certificates ▾ Reporting ▾ Help References ▾

### Transcribe Certificate Complete

To complete transcribing a paper certificate, enter the certifier information and click Continue.

1. First Name: **ADAM** Middle Name: **B** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **60** Status: **INC**

I, SCOTT RUDDICK, attest that all information provided by the Medical Certifier has been entered into EDRS as provided on the death certificate. I understand that the ability to print a Burial Transit Permit at my location is a privilege and can be revoked at any time if complete or inaccurate information is knowingly submitted. Furthermore, a person who willfully enters false information onto a certificate of death through EDRS is guilty of a misdemeanor and, upon conviction, is subject to a monetary penalty pursuant to MD. Health-General Code Ann. §4-227(1).

**Certifier**

\*First Name:

Middle Name:

\*Last Name:

Suffix:

Degree:

Title:

License:

Certifier Type:

Certified Date (MM/DD/YYYY):

12. The following screen will appear, indicating that the transcription has been successfully completed.

**Maryland Electronic Death Registration System** | Welcome, | Profile | Logout

Certificates ▾ Reporting ▾ Help References ▾

▾ Certificate Options ▾ Permit Options ▾ Validation Save [F8]

1. First Name: **ADAM** Middle Name: **B** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **60** Status: **INC**

**Successfully completed transcribe for certificate.**

1. Decedent's Legal First Name: **ADAM** ?  
Middle Name: **B**  
Last Name: **JONES** Suffix: **--**

2. Date of Death (MM/DD/YYYY): **12/01/2014** ?

3. Time of Death: **0100** ?

4c. County of Death: **BALTIMORE** ?

26. Place of Death: **--** ?  
Medical Facility: **--**

4a. Facility Name (if not institution, give street and number): ?  
Street Number:  Street Name:  Apt/Suite/Unit:

4b. City or Town: ?  
Zip Code:

23a. Part I

Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), 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.

Immediate Cause (Final disease Or condition resulting in death) a. ?  
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. b.  
Due to (or as a consequence of):

Personal Information **Medical Information** Funeral Director Certificate View



## Final Check of the Data

13. You should do a final check of all of the information on the Certificate by clicking on the Validation tab and then “Validate All.”

The screenshot shows the 'Orlando Electronic Death Registration System' interface. At the top, there are navigation tabs: 'Certificates', 'Reporting', and 'Help References'. Below these are sub-tabs: 'Certificate Options', 'Permit Options', and 'Validation'. The 'Validation' tab is selected, and a dropdown menu is open, showing options: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate All', and 'Medical Spell Check'. A red arrow points to the 'Validation' tab, and another red arrow points to the 'Validate All' option in the dropdown menu. The main form area displays the following information:

- 1. First Name: **SMITTY** Middle Name: **SMYTE** Last Name: **SMILEY** Suffix: --
- 2. Date of Death (MM/DD/YYYY): **12/06/2014**
- 3. Time of Death: **0938**
- 4c. County of Death: **HOWARD**
- 26. Place of Death: **INPATIENT**
- Medical Facility: **HOWARD COUNTY GENERAL HOSPITAL**
- 4a. Facility Name (if not institution, give street and number): **HOWARD COUNTY GENERAL HOSPITAL**

At the top right of the interface, it says 'Welcome, TWO MORTICIAN | Profile | Logout'. Below the sub-tabs, there is a 'Save [F8]' button. A message box at the top left of the form area says 'Successfully validated Medical Information'.

Any system errors found will be listed on the screen and should be corrected. The VIEWS II errors, should not be corrected. The “Validate All” button should be clicked again to be sure that all system errors have been corrected. The message “Successfully Validated all Certificate Information” will appear once the information has been validated. Remember to click on the Save[F8] tab in order to save the record as you go.

The screenshot shows the 'Orlando Electronic Death Registration System' interface. At the top, there are navigation tabs: 'Certificates', 'Reporting', and 'Help References'. Below these are sub-tabs: 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The 'Save [F8]' tab is selected. A red arrow points to the 'Save [F8]' tab, and another red arrow points to a message box that says 'Successfully validated all Certificate Information.' The main form area displays the following information:

- 1. First Name: **SMITTY** Middle Name: **SMYTE** Last Name: **SMILEY**
- 2. Date of Death: **12/06/2014**
- 6. Sex: **MALE** Certificate: **75** Status: **INC**

Below the message box, there is a 'Certificate View' section. It contains a table with the following information:

Certificate of Death		File Number
1. Decedent's Name, AKA Name (if any) SMITTY SMYTE SMILEY	2. Date of Death 12/06/2014	3. Time of Death 0938
4a. Facility Name HOWARD COUNTY GENERAL HOSPITAL	4b. City, Town or Location of Death COLUMBIA	4c. County of Death HOWARD
5. Social Security Number 374827837	6. Sex M	7. Age 28 YR
8. Date of Birth 07/14/1986	9. Birthplace KENTUCKY	
10a. Usual Residence of Decedent 10b. State FLORIDA	10c. County ORLANDO	10d. Inside City Limits? NO
Personal Information		10f. Zip Code 21234

At the top right of the interface, it says 'Welcome, TWO MORTICIAN | Profile | Logout'. Below the sub-tabs, there is a 'Save [F8]' button. A message box at the top left of the form area says 'Successfully validated all Certificate Information.' Below the message box, there are buttons for 'Enlarge' and 'Reduce'.

## Authenticating Personal Information

14. At this point, you are able to authenticate the Personal Information you have entered by clicking on the Certificate Options tab and then “Authenticate PI.”

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. The main menu has 'Certificate Options', 'Permit Options', and 'Validation'. The 'Certificate Options' dropdown menu is open, showing options like 'View Status', 'Save', 'Grant Access', 'Refer to ME', 'Request SSN Verification', 'Authenticate PI', 'Sign FD', 'Submit MI for SR Review', 'View/Edit Signatures', 'Drop to Paper', and 'Print Working Copy'. The 'Authenticate PI' option is highlighted with a red arrow. The main form displays personal information for a decedent: Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The form includes fields for First Name, Middle Name, Suffix, Last (Birth) Name, Social Security Number, Sex, Date of Birth (12/01/1952), Age (62), Decedent Address Type (US STATE), State (Maryland), City (WESTMINSTER), Inside City Limits (NO), Street Number (123), Street Name (MAIN ST), Apt/Suite/Unit (158), and Zip Code (21111). The 'Personal Information' tab is selected at the bottom.

15. The following screen will appear requiring you to confirm that the Personal Information data is complete and accurate to the best of your knowledge. Check the box “Yes” and then click on “Continue.”

The screenshot shows the 'Authenticate Personal Information' screen in the Maryland Electronic Death Registration System. The title is 'Authenticate Personal Information'. Below the title, there is a message: 'To authenticate the Personal Information section, confirm the accuracy of the information and click Continue. This will lock the Personal Information fields. If the records fails the Personal Information validation, you will return to the view record screen where you can correct the problem(s)'. The form displays the same personal information as the previous screen: 1. First Name: ADAM, Middle Name: ROBERT, Last Name: JONES, 2. Date of Death: 12/01/2014, 6. Sex: MALE, Certificate: 28, Status: INC. Below the message, there is a checkbox labeled 'Yes' which is checked. At the bottom, there are 'Continue' and 'Cancel' buttons. A red arrow points to the 'Continue' button. The footer includes 'MD-EDRS 2015' and links for 'Help', 'Contact Us', 'About MD-EDRS', and 'Privacy Policy'.

You will see a message that the Personal Information has been successfully authenticated.

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, it says 'Welcome, TWO MORTICIAN | Profile | Logout'. Below that are navigation tabs: 'Certificates', 'Reporting', and 'Help References'. A secondary row of tabs includes 'Certificate Options', 'Permit Options', 'Validation', and a 'Save [F8]' button. The main header displays: '1. First Name: SMITTY Middle Name: SMYTE Last Name: SMILEY Date of Death: 12/06/2014 6. Sex: MALE Certificate: 75 Status: INC'. A blue message box with an information icon states 'Successfully authenticated Personal Information.' Below this is a form with the following fields:

- 1. Decedents AKA if applicable: First Name, Middle Name, Last Name, Suffix: --
- If applicable, prior to first marriage: First Name, Middle Name, Last (Birth) Name, Suffix: --
- 5. Social Security Number: 374827837
- 6. Sex: MALE
- 8. Date of Birth (MM/DD/YYYY): 07/14/1986
- 7. Age Type: AGE YEARS
- 9. Place of Birth, Address Type: US STATE State: Kentucky
- 10a. Usual Residence of Decedent: Address Type: US STATE State: Florida
- 10b. County: SEMINOLE
- 10c. City, Town, or Location: ORLANDO

At the bottom are tabs for 'Personal Information', 'Medical Information', 'Funeral Director', and 'Certificate View'. A red arrow points from the top right towards the 'Successfully authenticated Personal Information' message.

## Signing the Certificate

16. Sign the record as the Funeral Director by clicking on Certificate Options and then “Sign FD.”

This screenshot shows the same system interface as the previous one, but with the 'Certificate Options' menu open. The menu items are: View Status, Save, Grant Access, Refer to ME, Request SSN, Verification, Sign FD, Submit MI for SR, Review, View/Edit Signatures, Drop to Paper, and Print Working Copy. A red arrow points from the top left towards the 'Sign FD' option. The main header displays: 'Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6. Sex: MALE Certificate: 28 Status: INC'. The form fields below are:

- 1. Decedents AKA if applicable: First Name, Middle Name, Last Name, Suffix: --
- If applicable, prior to first marriage: First Name, Middle Name, Last (Birth) Name, Suffix: --
- Number: 123456879
- 6. Sex: MALE
- 8. Date of Birth (MM/DD/YYYY): 12/01/1952
- 7. Age Type: YEARS
- 9. Address Type: US STATE State: Maryland
- Decedent: Address Type: US STATE State: --
- 10c. City, Town, or Location: WESTMINSTER
- 10d. Inside City Limits: NO
- 10e. Street Number: 123 Street Name: MAIN ST. Apt/Suite/Unit: 158
- 10f. Zip Code: 21111
- 11. Marital Status: --

At the bottom are tabs for 'Personal Information', 'Medical Information', 'Funeral Director', and 'Certificate View'. A red arrow points from the top left towards the 'Certificate Options' menu.

The following screen will appear. Check the box “Yes” and click on “Continue.”

Maryland Electronic Death Registration System Welcome, | Profile | Logout

Certificates Reporting Help References

### Sign Funeral Service Licensee

To sign as the Funeral Service Licensee or agent, confirm below and click the continue button.

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

I, **SCOTT B. BOCK**, am Funeral Service Licensee or Funeral Service Licensee's agent. I confirm the Decedent's demographic information and disposition information is correct and accurate to the best of my knowledge.

Yes

Continue Cancel

MD-EDRS 2015

You will receive a message that the Certificate was successfully signed.

Maryland Electronic Death Registration System Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save

1. First Name: **SMITTY** Middle Name: **SMYTE** Last Name: **SMITTY** 2. Date of Death: **12/06/2014** 6. Sex: **MALE** Certificate: **75** Status: **INC**

**Successfully signed certificate.**

21a. Method of Disposition:  Burial  Cremation  Donation  Entombment  Removal from State  
Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place) **PEACEFUL REST** ?

21c. Date of Disposition: (MM/DD/YYYY) **12/06/2014** ?

21d. Address Type: **US STATE** ? State: **Florida**  
Street Number: **3423** Street Name: **SOME STREET** Apt/Suite/Unit:  
City, Town: **ORLANDO**  
Zip Code **34214** -

22c. Funeral Facility Name: **ZUMBRUN FUNERAL HOME** ?  
State: **Maryland**  
Street Number: **6028** Street Name: **SYKESVILLE ROAD** Apt/Suite/Unit:  
City, Town: **SYKESVILLE**  
Zip Code **21784** -

Personal Information Medical Information **Funeral Director** Certificate View

## Printing a Working Copy of the Certificate

17. Print out a final working copy of the Certificate by clicking on Certificate Options and then “Print Working Copy.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | Profile | Logout

Certificates Reporting Preferences

Certificate Options Permit Options Validation Save [F8]

View Status Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

1. First Name: **ADAM** ?  
Middle Name: **ROBERT**  
Last Name: **JONES** Suffix: --  
3. Date of Birth (DD/YYYY): **12/01/2014** ?  
4. SSN: **0100** ?  
5. Place of Death: **CAROLINE** ?  
6. Type of Death: **INPATIENT** ?  
7. Facility Name: [Text Box] ?  
8. City, Town or Location of Death: [Text Box] ?  
9. County of Death: [Text Box] ?  
10. Apt/Suite/Unit: [Text Box]

Immediate Cause (Final disease Or condition resulting in death)

a. **LUNG CANCER** 4 YRS  
Due to (or as a consequence of): [Text Box]

b. [Text Box]  
Due to (or as a consequence of): [Text Box]

Approximate Interval Between Onset and Death

Personal Information Medical Information Funeral Director Certificate View

**\*\*NOTE:** Printing on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable popups on your web browser in order to view and print the death certificate.

A copy of the information that has been entered may be viewed or printed out at any time by clicking “Certificate View” near the bottom of the screen.

Certificate Options Permit Options Validation Save [F8]

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **COMP**

Enlarge Reduce

Printed on 12/02/2014 16:14:35

Printed By: **RUDDICK, SCOTT (BRUDDICK)**

**Certificate of Death** File Number

1. Decedent's Name, AKA Name (if any) <b>ADAM ROBERT JONES</b>	2. Date of Death <b>12/01/2014</b>	3. Time of Death <b>0100</b>
4a. Facility Name	4b. City, Town or Location of Death	4c. County of Death <b>CAROLINE</b>
5. Social Security Number <b>123456789</b>	6. Sex <b>M</b>	7. Age <b>92 YRS</b>
8. Date of Birth <b>12/01/1922</b>	9. Birthplace <b>MARYLAND</b>	10a. Inside City Limits? <b>NO</b>
10b. City, Town or Location <b>WESTMINSTER</b>	10c. Zip Code <b>21111</b>	
11. Marital Status <b>11c. Ever in U.S. Armed Forces? NO</b>	12. Decedent's Usual Occupation <b>TEACHER</b>	13. Hispanic Origin? <b>NO</b>
14. Race <b>JAPANESE, HAWAIIAN</b>	15. Decedent's Education <b>BACHELOR</b>	16. Business/Industry <b>COLLEGE</b>
17. Father's Name <b>ROBERT LAWRENCE JONES</b>	18. Mother's Name Prior to First Marriage <b>MARY MARIE GREEN</b>	

Personal Information Medical Information Funeral Director Certificate View

## Printing the Burial Transit Permit

18. The Burial Transit Permit can be printed once the Certificate is complete. Click on the Permit Options tab and then on “Print Official Permit Copy.”

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Permit Options Validation Save [F8]

1. First Name: **ADAM** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **SUBM**

1. Decedents AKA Name: ?  
 2. Date of Death: ?  
 3. Time of Death: ?  
 4a. Facility Name: ?  
 4b. City, Town, or Location of Death: ?  
 4c. County of Death: ?  
 5. Social Security Number: **123456879** ?  
 6. Sex: **MALE** ?  
 7. Age: **62 YR** ?  
 8. Date of Birth: **12/01/1952** ?  
 9. Birthplace: **MARYLAND** ?  
 10a. Usual Residence of Decedent: **US STATE** State: **Maryland** ?  
 10b. County: **CARROLL** ?  
 10c. City, Town, or Location: **WESTMINSTER** ?  
 10d. Inside City Limits: **NO** ?  
 10e. Street Number: **123** ? Street Name: **MAIN ST.** Apt/Suite/Unit: **158**  
 10f. Zip Code: **21111** ?  
 11. Marital Status: **--** ?  
 12. Was Decedent Ever in U.S. Armed Forces: **NO** ?  
 13. Was Decedent of Hispanic Origin: **NO** ?

Personal Information Medical Information Funeral Director Certificate View

**\*\*NOTE:** A “Working Permit Copy” of the Burial Transit Permit can be printed while you are preparing the Certificate. However, the “Official Permit Copy” cannot be printed until the Certificate is complete.

The document shown below will be printed:

https://mdedrs.dhmh.maryland.gov/dev/spring/pdf/disposition/28/official\_copy - Google Chrome

https://mdedrs.dhmh.maryland.gov/dev/spring/pdf/disposition/28/official\_copy

**Maryland Burial Transit Permit**  
 This permit must accompany remains to destination

File Number

1. Decedent's Name, AKA Name (if any)  
 ADAM ROBERT JONES

2. Date of Death  
 12/01/2014

3. Time of Death  
 0100

4a. Facility Name

4b. City, Town, or Location of Death

4c. County of Death  
 CAROLINE

5. Social Security Number  
 123456879

6. Sex  
 M

7. Age  
 62 YR

8. Date of Birth  
 12/01/1952

9. Birthplace  
 MARYLAND

10a. Usual Residence of Decedent  
 10a State

10b. County  
 WESTMINSTER

10c. City, Town, or Location  
 WESTMINSTER

10d. Inside City Limits?  
 NO

10e. Address  
 123 MAIN ST. 158

10f. Zip Code  
 21111

11. Marital Status

12. Ever in U.S. Armed Forces?  
 NO

13. Hispanic Origin?  
 NO

14. Race  
 JAPANESE, HAWAIIAN

15. Decedent's Education  
 BACHELOR

16a. Decedent's Usual Occupation  
 TEACHER

16b. Business/Industry  
 COLLEGE

17. Father's Name  
 ROGER LAWRENCE JONES

18. Mother's Name Prior to First Marriage  
 ANNE MARIE GREEN

19. Surviving Spouse's Name  
 BARBARA LYNN JONES

20a. Informant's Name  
 BARBARA LYNN JONES

20b. Informant's Relationship  
 WIFE

20c. Informant's Mailing Address  
 123 MAIN ST. 158, WESTMINSTER, MD 21111

21a. Method of Disposition  
 BURIAL

21b. Place of Disposition  
 DRUID HILL CEMETERY

21c. Date of Disposition  
 12/02/2014

21d. Location  
 1 OLD COURT RD, BALTIMORE, MD 21209

22a. Signature of Funeral Service Licensee  
 SCOTT A RUDDICK

22b. License No  
 9999

22c. Name and Address of Funeral Facility  
 RUDDICK FH  
 58 FUNERAL HOME RD., BALTIMORE, MD 21215

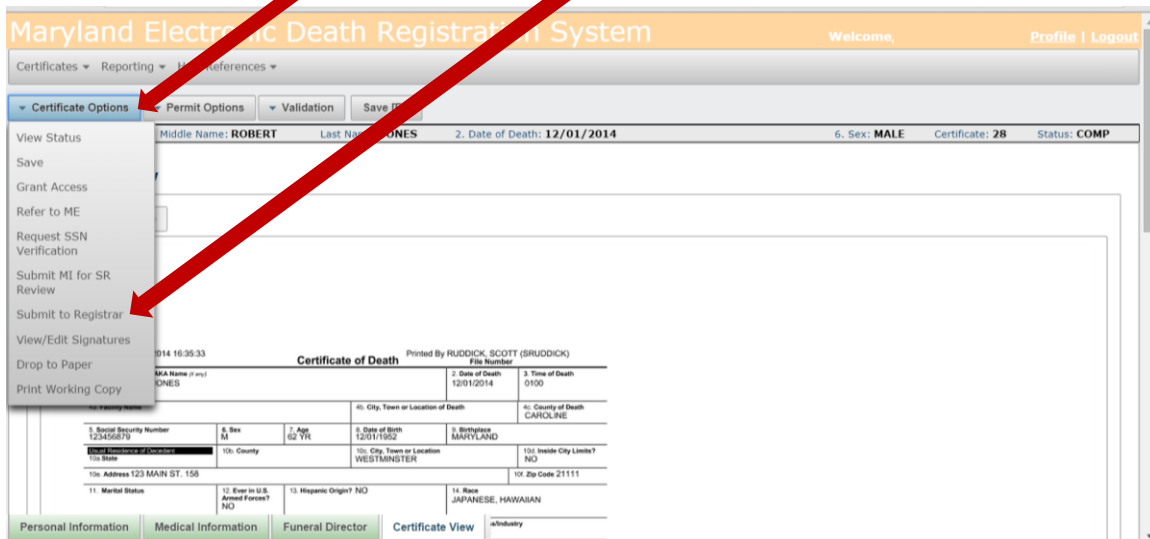
**Authority for Burial, Transportation, Removal, Cremation or Other Disposition**  
 This burial permit, when completely filled in and bearing below the signature of the attending physician and funeral director, certifies authority for burial, transportation, removal, cremation or other disposition of the deceased named above.

Cemetery or Crematory Authority Shall Fill Out Section Below

The deceased named above was

## Submitting the Record to the Division of Vital Records

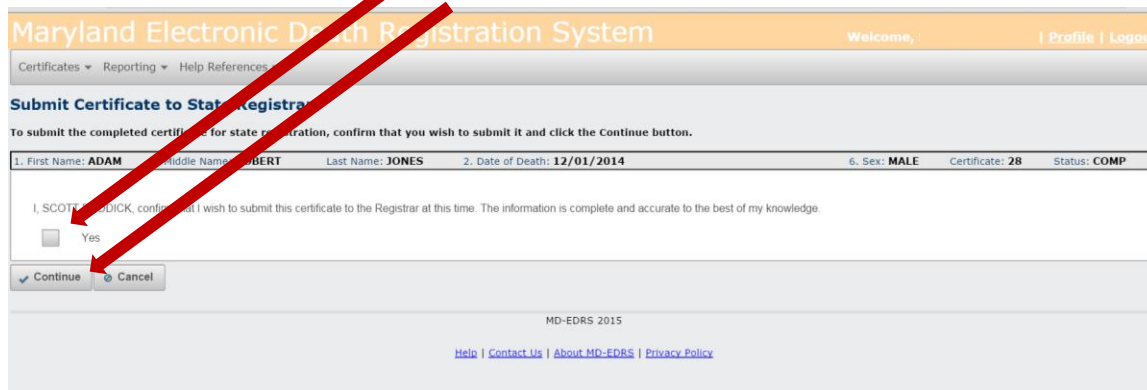
19. To file the Certificate with the Division of Vital Records, click on the Certificate Options tab and then on “Submit to Registrar.”



The screenshot shows the Maryland Electronic Death Registration System interface. A dropdown menu for "Certificate Options" is open, with "Submit to Registrar" highlighted. The background shows a "Certificate of Death" form for a deceased individual named ROBERT JONES, dated 12/01/2014. The form includes fields for personal information, medical information, and funeral director details.

Personal Information		Medical Information		Funeral Director		Certificate View		Industry	
1. Social Security Number 123456789	5. Sex M	7. Age 62 YRS	8. State of Birth MD	9. Birthplace MARYLAND	10. County WESTMINSTER	11. Inside City Limits? NO	12. Zip Code 21111	13. Ever in U.S. Armed Forces? NO	14. Race JAPANESE, HAWAIIAN

When the following screen appears, check the box “Yes” and “Continue.”



The screenshot shows the "Submit Certificate to State Registrar" confirmation screen. It includes a checkbox labeled "Yes" and a "Continue" button. The background shows the same certificate information as the previous screenshot.

Submit Certificate to State Registrar

To submit the completed certificate for state registration, confirm that you wish to submit it and click the Continue button.

1. First Name: ADAM Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6. Sex: MALE Certificate: 28 Status: COMP

I, SCOTT BRUDDICK, confirm that I wish to submit this certificate to the Registrar at this time. The information is complete and accurate to the best of my knowledge.

Yes

MD-EDRS 2015

[Help](#) | [Contact Us](#) | [About MD-EDRS](#) | [Privacy Policy](#)

You will receive a message that the Certificate has been successfully submitted for registration. The Division of Vital Records (DVR) will review the information on the Certificate and notify you if any changes are needed.

## Checking on the Status of the Record

As soon as the record has been reviewed by DVR staff and determined to be complete, the death will be registered and certified copies of certificates will be available for issuance. This will occur no later than one business day following the filing of a Certificate. You may check to see whether a certificate has been registered by clicking on Certificate Options and “View Status.”

**Maryland Electronic Death Registration System** | Welcome, [User] | Profile | Logout

Certificates Reporting Help References

▼ Certificate Options | Commit Options | Validation | Save [F8]

View Status | Save | Grant Access | Refer to ME | Request SSN Verification | Submit MI for SR Review | View/Edit Signatures | Print Working Copy

Middle Name: **ROBERT** | Last Name: **JONES** | 2. Date of Death: **12/01/2014** | 6. Sex: **MALE** | Certificate: **28** | Status: **SUBM**

10a. Usual Residence of Decedent: Address Type: **US STATE** State: **--?**

10b. County: **CARROLL** ?

10c. City, Town, or Location: **WESTMINSTER** ?

10d. Inside City Limits: **NO** ?

10e. Street Number: **123** ? | Street Name: **MAIN ST.** | Apt/Suite/Unit: **158**

10f. Zip Code: **21111** - ?

11. Marital Status: **--?**

Personal Information | Medical Information | Funeral Director | Certificate View

Check the information on the right side of the page to see if a Registration Number has been assigned, which indicates that the death has been registered and the Certificate is available for issuance.

**Maryland Electronic Death Registration System** | Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Status Folder

The Status Folder provides an overview of the certificate's status and basic decedent information. Registration numbers are provided for registered records.

View Certificate | Cancel

**Decedent Information**

Last Name: HERMAN	Certificate Number: 4
First Name: ANNA	DTN: 32014000014000
Date of Death: 11/04/2014	Registration Number: 32014MD000006
Time of Death: 0259	
Sex: FEMALE	

**Status Values**

Certificate: REG SR	Funeral Director Sign: ATT
DC Workflow: ELECTRONIC	Certifier Sign: ATT
Reported to ME: ACC	Certifier Sign Method: ELECTRONIC
SR Flag:	Certifier Type: CERTIFYING PHYSICIAN
Duplicate Flag: 120	ME Countersign: UN ATT
FD Auth: AUTH	ME Countersign Method:
MI Review: SUBM	SSNV Request Status: NOTREQ

**Reasons/ Messages**

ME Reported: DEATHS DUE TO OLD OR RECENT INJURIES OR ACCIDENTS

MI Review:

Reject:

Register w/Exception:

SR Review Flag:

SR Void:

Duplicate Status Notes: