

Preamble

The purpose of this document is to show the procedures for making amendments to existing records. The procedures spelled out here are also covered in the video training guides and the text document guides found on the resources page: <u>https://www.in.gov/isdh/28076.htm</u>

Under the heading <u>DRIVE Training and Online Demonstrations</u>, the recorded videos of user training are available.

In the <u>DRIVE Coroner Recorded Training</u> the pre-Registration amendment process at minute 35:44; The post-Registration amendment process occurs at minute 54:00.

In the <u>DRIVE Medical Certifier Recorded Training</u> the pre-Registration amendment process at minute 34:50; the post-Registration amendment process occurs at minute 47:25.

Under the heading **DRIVE User Guides** are the text documents pertaining to each process.

In the DRIVE User Guide Medical Certifiers, the amendment process appears on page 51.



Amendment Process to Records *Prior* to Registration

From the DRIVE Main Menu, select Life Events -> Death -> Locate Case.

	Database Registration of Indiana's Vital Events (DRIVE)							
😭 <u>M</u> ain	🗭 Lif <u>e</u> Events	<u>⊟ Q</u> ueues <u>I</u> <u>R</u> eports	🖹 Forms 🕜 <u>H</u> elp					
	Death 🕨	Locate Case						
Home		Start/Edit New Case						

Enter as much decedent information as possible to narrow your search results and click Search.

	Database Reg	istration of Ind	diana's Vital Events	s (DRIVE)	
谷 <u>M</u> air	n 🜻 Lif <u>e</u> Events	i <u>Q</u> ueues 🗠	<u>R</u> eports 睯 Forms	🕜 <u>H</u> elp	
Death Lo	cate Case				
Deceden	t's Information				
First:	Alan	Last:	Moore	Date of Death:	JAN-27-2021
Sex:		SSN:		Date of Birth:	MMM-dd-yyyy
Case Id:		ME Case Number:		Medical Record Number:	
Place of	Death Location Typ	e: County		Place of Death:	
				Ä Sea	rch Soundex 🗟 Clear

If a record is located, select Preview.

	Case Id	Decedent's Name 🔺	Date of Death	Sex	Place of Death	Date of Birth	Preview
9	4875020	Moore, Alan	JAN-27-2021	Male	Adams	OCT-31-1971	Preview
							Total Records : 1



If it is the correct record, click the active link (**the decedent's name**) under the heading <u>Decedent Name</u> to open the record.

eath Search I	Results							
Case Id	Decedent's Name	e 🕈 Date of Death	Sex	Place of	Death Date of Birth	Preview		
4875020	Moore, Alan	JAN-27-2021	Male	Adams	OCT-31-1971	Select		
						Total Records : 1		
						i New Search		
review								
File Number:		File Date:		Co	roner Case Number:			
Case Id: 4875	5020	Medical Record Number:		Da	Date of Death: JAN-27-2021			
Decedent's Na	me: Alan Moore							
Spouse's Nam	e: Nada Surf	Marital Status: 0	urrently Ma	arried SS	N: Unknown			
Sex: Male		Date of Birth: 00	T-31-1971	Co	unty: Adams			
City or Town o	f Death: Decatur							
Place of Death	n: Adams Memori	al Hospital						
Residence: B	erne Indiana, Unite	ed States						
Mother's Maid	en Name: Never	When						
Funeral Direct	or: Funeral Direct	or Six						
Funeral Home	: Abbott Funeral I	Home, 421 E. Main	Street, Del	phi				
Medical Certif	ier: Death Certifie	er Six						
Date Entered:	JAN-27-2021		Last	Update M	ade By: Death Certif	fier Six		
Status: /Pers	onal Valid/Medica	l Valid/Not Registe	ered/Unsigr	ned/Certifi	ed/NA/Signature Req	uired		

Provisional Notification of Death

Working Copy



Once the record has been accessed, click on the **Certify** tab.

Personal Information /Personal Information Decedent Resident Address Is C Family Members Informant Disposition Prevent Attributes Medical Certification Peronouncement Place of Death Cause of Death The second se	Valid/Medical Valid/Not Registered/Unsigned/Certified/NA/Signature Required cedent Coroner going to complete both personal and medical information? No cedent's Legal Name efix First Alan Codent's Maiden Name
	Sedent Coroner going to complete both personal and medical information? Cedent's Legal Name efix First Alan Cedent's Maidee Name
	Coroner going to complete both personal and medical information? No cedent's Legal Name efix First Middle Other Middle Last Suffix Alan Moore cedent's Maiden Name
 Family Members Informant Disposition Predet Attributes Medical Certification Pronouncement Place of Death Cause of Death 	cedent's Legal Name efix First Middle Other Middle Last Suffix Alan Moore
 ✓ Cause of Death 	st
Cause of Death	
Other Factors Alia	896S
✓ Certifier Add	ld/Edit Alias Names
Certify Other Links Attachments Comments Print Forms	Sex Gender Security None Output Unknown Number 999-99-9999 Under 1 Year Under 1 Day
Refer to Coroner Dat Relinquish Case MMM Request Non Affiliated	te of Birth Years Months Days Hours Minutes SSN Verification Status CT-31-1971 Age 49 Verify SSN UNVERIFIED (0) M-dd-yyyy
Certification Dec	cedent's Birth Place
Transfer Case Cit Trade Calls Be	ity or Town County State Country Berne Adams Indiana United States
Eve	er in US Armed Forces? No

Once on the **Sign** tab / page, click on the **Uncertify** button.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021					
Personal Information	/Personal valid/Medical valid/Not Registered/Unsigned/Certified/NA/Signature Required					
Decedent	Aftirmations					
Resident Address	This registration is surrantly partified					
 Family Members 						
 Informant 	Uncertify Clear Return					
 Disposition 						
Decedent Attributes						
Medical Certification						
Pronouncement						
 Place of Death 						
Cause of Death						
 Other Factors 						
 Certifier 						
✓ Certify						





Clicking the **Uncertify** button will cause a pop-up to appear. Click on **Okay**.

Affirmations

This registration is currently certified.



Drive will then note that the record has been **Uncertified**.





Having **Uncertified** the case, the fields of each page will no longer be greyed out. You can then select the appropriate tab in the menu to go to the page you wish to update.

Death Registration Menu	48750	20 :Alan Mo	oore JAN-27-	2021	1				
Personal Information	/Persor	/Personal valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Signature Required							
✓ Decedent	Cause o	Jause of Death							
Resident Address	NCHS F	NCHS Recommendations for Entry of Cause of Death							
 Family Members 	Enter th	Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal							
 Informant 	events ABBRE	ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.							
 Disposition 	Sequer	Sequentially list conditions, if any, leading to the cause listed on line a, Enter the UNDERLYING CAUSE (disease or							
Decedent Attributes	injury th	injury that initiated the events resulting in death) LAST.							
Medical Certification	Cause	Cause of Death Approximate Interval							
 Pronouncement 						Onset to	Death		
 Place of Death 		Immediate Caus	se (Final disease or	condition r	esulting in death)				
✓ Cause of Death	PART	Hypoxia			∧ ×	2 weeks			
✓ Other Factors	Line a				\sim	2 meens	·		
 Certifier 		Due to see a se							
Other Links		Due to or as a co	onsequence of		ABC				
Attachments	Line b	Covid 19				2 weeks	;		
✓ Comments	Eine b				Ÿ				
Print Forms		Due to or as a co	onsequence of						
Refer to Coroner					∧ ^{ABC}				
Relinquish Case	Line c				\sim				
Request Medical Certification									
Request Non Affiliated		Due to or as a co	onsequence of		ABC				
Certification	Lino d				0				
Transfer Case	Lille u				~				
I rade Calls	PART II							1	ABC
	Other s conditio	ignificant ons							1
					🛇 Validate Page	→ Next	👌 Clear	B Save	D Return



Once you make the appropriate changes, make sure to save them using the **Save** button at the bottom of the page.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021						
Personal Information	/Personal valid/Medical valid/Not Registered/Unsigned/Uncertified/NA/Signature Required/Certification Required						
✓ Decedent	Jause of Death						
 Resident Address 	NCHS Recommendations for Entry of Cause of Death						
 Family Members 	Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal						
✓ Informant	ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.						
 Disposition 	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or						
 Decedent Attributes 	injury that initiated the events resulting in death) LAST.						
Medical Certification	Cause of Death Approximate Interval						
 Pronouncement 	Onset to Death						
 Place of Death 	Immediate Cause (Final disease or condition resulting in death)						
✓ Cause of Death	PART Acute Hypoxia Hypercapnic Respiratory Failure						
 Other Factors 	Line a						
✓ Certifier							
Certify	Due to or as a consequence of						
Other Links	Severe Adult respiratory Distress Syndrome due to						
Attachments							
✓ Comments	Due to or as a consequence of						
Print Forms	Severe Sepsis with septic shock due to						
Refer to Coroner	Line c Pseudomonas Aeruginosa V						
Relinquish Case							
Request Medical Certification	Due to or as a consequence of						
Request Non Affiliated Certification	Acute Renal Failure due to sepsis and shock						
Transfer Case		-					
Trade Calls	PART II Other significant conditions						



With the changes saved, click on the **Certifier** tab. Once there, click on the **Validate Page** button at the bottom.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021					
Personal Information	/Personal Valid/Medical	Valid/Not Registered/Unsi	gned/Uncertified/	/NA/Signature Required/	Certification Requi	ired
✓ Decedent	Certifier					
Resident Address	Certifier Type Physician	✓				
 Family Members 		1				
 Informant 	Certifier Name					
 Disposition 	Liconso Number					
Decedent Attributes	MD06					
Medical Certification	MD00					
Pronouncement	First	Middle	Last		Suffix	
 Place of Death 	Death	Certifier	Six			
Cause of Death	Title					
 Other Factors]				
✓ Certifier	Certifier Phone Number					
Certify	()					
Other Links	Contificant difference					
Attachments	Certifier Address	_				
✓ Comments	Edit Certifier Address					
Print Forms	Pro			Street	Post	Apt #, Suite
Refer to Coroner	Street Number Direction	al Street Name, Rural Rout	e, etc.	Designator	Directional #	#,etc.
Relinquish Case	987	Easy		Skyway	-	
Request Medical Certification	Zip Code City or To	wn State	•	Country		
Request Non Affiliated Certification	46201 Indianapo	olis	ana	United States		
Transfer Case						
Trade Calls	Date Signed					
	MMM-dd-yyyy					
				/alidate Page		Return
						totuini



Clicking the Validate Page button will cause the <u>Certify</u> tab to reappear.

Note: If the **Certify** tab does not reappear, it is usually because the case has gone past the five-day window following the Date of Death. To proceed you will need to go to **Comments** (under **Other Links**) and add a new comment under the **Comment Type**: *Late filing reason*.

Death Registration Menu	4875020 :Ala	n Moo	ore JAN-27-20	21						
Personal Information	/Personal Valid/M	edical V	alid/Not Registered	l/Unsig	ned/Uncertifie	ed/NA/Signa	ture Required,	Certi	fication Req	uired
✓ Decedent	Certifier									
Resident Address	Certifier Type Phy	sician	 Image: A set of the set of the							
 Family Members 										
 Informant 	Certifier Name									
 Disposition 	License Number									
 Decedent Attributes 	MD06									
Medical Certification	MD00									
Pronouncement	First		Middle		Last			Suffi	x	
 Place of Death 	Death		Certifier		Six					
 Cause of Death 	Title									
✓ Other Factors		\checkmark								
✓ Certifier	Certifier Phone Nur	nber	~							
Certify	()									
Other Links	Contifier Address									
Attachments	Certifier Address	_								
✓ Comments	Edit Certifier Add	ress 🗆]							
Print Forms	Pre	2				Street			Post	Apt #, Suite
Refer to Coroner	Street Number Dir	ectiona	l Street Name, Rura	l Route	e, etc.	Designa	itor		Directional	#,etc.
Relinquish Case	987	\checkmark	Easy			Skyway	/	-	\sim	
Request Medical Certification	Zip Code City	y or Tow	vn	State			Country			
Request Non Affiliated Certification	46201 Inc	dianapo	lis	India	na		United States			
Transfer Case	Data Olara d									
Trade Calls	Date Signed		=							
	MMM-	dd-yyyy								
						Validate Pa	age 🔥 Clea		Save 5	Return



Once back on the **Certify** tab, re-check the box and click on the **Affirm** button.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Valid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Signature Require
✓ Decedent	Affirmations
Resident Address	Affirm the following:
 Family Members 	Certify that death occurred at the time, date and place indicated
 Informant 	*YOU MUST CLICK THE AFFIRM BUTTON BELOW TO COMPLETE THE CERTIFICATION*
 Disposition 	
 Decedent Attributes 	Affirm Clear Return
Medical Certification	
✓ Pronouncement	
✓ Place of Death	
Cause of Death	
 Other Factors 	
✓ Certifier	
Certify	

The case will now appear as <u>Certified</u>.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Porconal Information	/Personal Valid/Medical Valid/Not Registered/Unsigned/Certified
	Affirmations
Resident Address	Authentication successful.
Family Members	
 Informant 	Clear Return
 Disposition 	
Decedent Attributes	
Medical Certification	
Pronouncement	
Place of Death	
Cause of Death	
Other Factors	
 Certifier 	
✓ Certify	
Other Links	
Attachments	
✓ Comments	
Print Forms	
-	



Amendment Process to *Registered* Records

From the **DRIVE Main Menu**, select **Life Events > Death > Locate Case**.

Database Registration of Indiana's Vital Events (DRIVE)							
🖀 <u>M</u> ain	🗭 Lif <u>e</u> Events	<u>⊞ Q</u> ueues <u>IM</u> eports	🖹 Forms 🕜 <u>H</u> elp				
	Death 🕨	Locate Case					
Home		Start/Edit New Case					

Enter as much decedent information as possible to narrow your search results and click Search.

Death L	ocate Case				
Decede	nt's Information				
First:	Alan	Last:	Moore	Date of Death:	FEB-19-2021
Sex:	~	SSN:		Date of Birth:	MMM-dd-yyyy
Case Id:		ME Case Number:		Medical Record Number:	
Place o	f Death Location Type:	County	✔ Place of Death:]
				Ӓ Search	Soundex 🖉 🕁 Clear

If a record is located, select **Preview**.

Death Search Results

	Case Id	Decedent's Name 🔺	Date of Death	Sex	Place of Death	Date of Birth		Preview
0	4875161	Moore, Alan	FEB-19-2021	Male	Adams	OCT-31-1973		Preview
							Total Rec	cords : 1
							in Ne	ew Search



If it is the correct record, click the active link (**the decedent's name**) under the heading Decedent Name to open the record.

Death Search Results								
	Case Id	Decedent's Na	ame 🔺	Date of Death	Sex	Place of Death	Date of Birth	Preview
0	4875161	Moore, Alan		FEB-19-2021	Male	Adams	OCT-31-1973	Select
Total Records : 1								

Preview

File Number: 2021000036	File Date: MAR-04-2021	Coroner Case Number:
Case Id: 4875161	Medical Record Number:	Date of Death: FEB-19-2021
Decedent's Name: Alan Moore		
Spouse's Name: Nada Surf	Marital Status: Currently Married	SSN: Unknown
Sex: Male	Date of Birth: OCT-31-1973	County: Adams
City or Town of Death: Decatur		
Place of Death: Adams Memori	al Hospital	
Residence: Berne Indiana, Unite	ed States	
Mother's Maiden Name: Ever W	/hen	
Funeral Director: Funeral Direct	or Six	
Funeral Home: Abbott Funeral H	Home, 421 E. Main Street, Delphi	
Medical Certifier: Death Certifie	er Six	
Date Entered: FEB-19-2021	L	.ast Update Made By: State Two Amendment
Status: /Personal Valid/Medica	l Valid/Registered/Signed/Certified/	NA/ICD Coding Required/Local Registrar Filed

Provisional Notification of Death

Working Copy



Under Other Links select Amendments.

Death Registration Menu	4875161 2021000036 :Alan Moore FEB-19-2021 Amendment Exists
Personal Information	/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Local Registrar Filed
Decedent	Decedent
Resident Address	Is Coroner going to complete both personal and medical information? No 🔽
Family Members	
Informant	Decedent's Legal Name
Disposition	Prefix First Middle Other Middle Last Suffix
Decedent Attributes	Alan Moore
Medical Certification	Decedent's Maiden Name
Pronouncement	Last
Place of Death	
Cause of Death	
Other Factors	Aliases
Certifier	Add/Edit Alias Names
Registrar	Social
Amendment List	Sex Gender Security None Unknown
Other Links	Male Male Male
Amendments	222-22-2222
✓ Attachments	Under 1 Year Under 1 Day Data of Rith Varia Manthe Days Hours Minutes SSN Verification Status
✓ Comments	Oct 21 1072 Age 47 Verify SSN UNVERIFIED (0)
Print Forms	MMM-dd-www
Trade Calls	Decedent's Pirth Place
	City or Town County State County
	Roma Adame Indiana United State
	Adams Indiana United States
	Ever in US Armed Forces? Yes
	Death Record Type Identified
	🔗 Validate Page 🗦 Next 🔄 Clear 🗖 Save 💆 Return

Under **Type** select appropriate choice from dropdown menu (*Medical* refers to the <u>Medical Certification</u> section that Medical Certifiers are responsible for).

4875161 2 /Personal Val	021000036 :Alan Moore id/Medical Valid/Registered/Signed Page	FEB-19-202 d/Certified/NA/	1 Amendment Exists ICD Coding Required/Local Registrar Filed
Type Year	Medical	Amendment Date Amendment Number	
Order Number Amendment Status		Description	
Add Docum	entary Evidence		Save Clear Return



Enter information in **Description** field *if desired*. Then click on **Save**.

4875161 2021000036 :Alan Moore FEB-19-2021 Amendment Exists						
Amendment	Page	d/ Certified/ NA	TCD Couling Required/Local Registral Filed			
Туре	Medical	Amendment Date	MAR-04-2021			
Year	2021	Amendment Number	762			
Order Number		Description	updating Cause of Death			
Amendment Status	Keyed (Requires Affirmation)					
Select Add	Documentation to add documentar	ry evidence to t	this amendment.			
Add Docum	entary Evidence					
Page to Ame	Page to Amend					
	Cancel Amendment Save Clear Return					



A new drop menu will appear with page selections to choose from. Select the appropriate page to update from **Page to Amend**.

4875161 2021000036 :Alan Moore FEB-19-2021 Amendment Exists /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Reguired/Local Registrar Filed						
Amendment I	Page					
Туре	Medical	Amendment Date	MAR-04-2021			
Year	2021	Amendment Number	762			
Order Number		Description	updating Cause of Death			
Amendment Status	Amendment Status Keyed (Requires Affirmation)					
Select Add	Documentation to add documentar	ry evidence to t	his amendment.			
Add Docum	entary Evidence					
Page to Ame	nd Death - Certifier Death - Other Factors					
	Death - Place of Death Death - Injury Death - Pronouncement Death - Resident Address Death - Cause of Death	;	Cancel Amendment Save Clear Return			



Once the page is selected from the drop menu, the page the be amended will populate below the drop menu fields.

Amendment F	Page		
Туре	Medical	Amendment Date	MAR-04-2021
Year	2021	Amendment Number	762
Order Number		Description	updating Cause of Death
Amendment Status	Keyed (Requires Affirmation)		
Select Add	Documentation to add documenta	ry evidence to 1	his amendment.
Add Docum	entary Evidence		
Page to Amer	Death - Cause of Death		
			
Cause of Dea	th		

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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

Immediate Cause (Final disease or condition resulting in death)

PART	Covid 19 infecti	on		~	ABC			
l Line a				\sim		2 weeks		
Line a				~	ABC			
Line b								
				~	ABC			
Line c				\sim				
				\sim	ABC			
Line d				\sim	l			
PART II Other si	gnificant						$\hat{}$	ABC
conditio	ins						-	
		Cancel Amendment	Validate Page	Validat	te Amendn	nent Save	Clear	Return



Update the fields requiring changes and then scroll down to the bottom of the page and click **Save.** You can also select **Validate Amendment** to ensure the amendment passes validation rule checks.

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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

	Immediate Cause (Final disease or condition resulting in deat	h)		
PART I Line a	Acute hypoxia Hypercapnic Respiratory Failure	ABC.	16 days	
Line b	Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia	ABC	16 days	
Line c	Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa	ABC	16 days	
Line d	Acute Renal Failure due to Sepsis and shock	ABC	16 days	
PART II Other s conditio	Anemia with thrombocytopenia, Coronary A	rtery Disease	\sim	ABC
	Cancel Amendment Validate Page	/alidate Amend	ment Save Clea	r Return



Once saved, a note appears at bottom of the page indicating the changes made. There will also be a line of red text regarding affirmation.

Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Туре	Medical	~	Amendment Date	MAR-04-2021
Year	2021		Amendment Number	762
Order Number			Description	updating Cause of Death
Amendment Status	Keyed (Requires Affirmation)			

Select Add Documentation to add documentary evidence to this amendment.

Add Documentary Evidence

Page to Amend

 \sim

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Cause of Death-Line A Description	Covid 19 infection	Acute hypoxia Hypercapnic Respiratory Failure	Edit	Delete
Cause of Death-Line A Onset Interval	2 weeks	16 days	Edit	Delete
Cause of Death-Line B Description		Severe Adult Respiratory Distress Syndrome due to Covid-19 bilateral pneumonia	Edit	Delete
Cause of Death-Line B Onset Interval		16 days	Edit	Delete
Cause of Death-Line C Description		Severe Sepsis with Septic Shock due to Pseudomonas Aeruginosa	Edit	Delete
Cause of Death-Line C Onset Interval		16 days	Edit	Delete
Cause of Death-Line D Description		Acute Renal Failure due to Sepsis and shock	Edit	Delete
Cause of Death-Line D Onset Interval		16 days	Edit	Delete
Cause of Death-Other Significant Conditions		Anemia with thrombocytopenia, Coronary Artery Disease	Edit	Delete

Cancel Amendment Validate

Validate Amendment

Clear



Return

When you choose a page to update, a new Menu tab will appear atop the other menus. Once you have Saved your updates, select **Amendment Affirmation** from upper left under the **Amendments Menu** heading.

Amendments Menu					
Amendment					
Amendment Affirmation					
Death Registration Menu					
Personal Information					
Decedent					
Resident Address					
Family Members					
Informant					
Disposition					
Decedent Attributes					
Medical Certification					
Pronouncement					
Place of Death					
Cause of Death					
Other Factors					
Injury					
Certifier					
Registrar					
Amendment List					
Other Links					
Amendments					
Assign Status					
Attachments					
Comments					
Print Forms					
Trade Calls					



Click the box next to the affirmation statement to populate a checkmark in it, then click **Affirm.**



The amendment(s) made will not display in the record until the Indiana Department of Health approves them. Once approved, under Messages there will be one displayed showing the amendment was approved. It will also indicate whether the amendment was rejected if applicable.

Messages										
		Send Message 🗸 🗸 Mark	as Read 🗙 Remove from	n List						
From	Subject	Message	Date Sent							
State Five Amendment	Case 4875161 Amendment Approved	The amendment submitted for: 4875161: ; Alan Moore, Event Date: FEB-19-2021 has been Approved.	3/4/2021 4:06:56 PM							
Death Certifier Six	Amendment Submitted	An Amendment has been submitted for approval for: Case Id: 4875161 ; Alan Moore, Date of Death: FEB-19-2021.	3/4/2021 4:05:02 PM							

