

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 Funeral Home Providers Recorded Training</u> the pre-Registration amendment process occurs at minute 22:00. The post-Registration amendment process occurs at minute 34:00.

Under the heading <u>DRIVE User Guides</u> are the text documents pertaining to each process.

In the DRIVE User Guide Funeral Homes, the amendment process appears on page 45.



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	🗮 Queues 🗠 Reports 睯 Forms 🚱 Help					
	Death 🕨	Locate Case					
Home		Start/Edit New Case					

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

Death Lo	ocate Case				
Deceder	nt'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	f Death Location Type:	County	\checkmark	Place of Death:	
				💾 Sear	ch 🖣 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		OCT-31-1971	Preview
						т	otal Records : 1



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 Name	 Date of Death 	Sex	Place of Death	Date of Birth	Preview
4875020 Moore, Alan	JAN-27-2021	Male		OCT-31-1971	Select
					Total Records : 1
					in New Search
Preview					
File Number:	File Date:		Coroner Ca	ase Number:	
Case Id: 4875020	Medical Record N	lumber:	Date of De	ath: JAN-27-2	2021
Decedent's Name: Alan Moore					
Spouse's Name: Nada Surf	Marital Status: 0	Currently Ma	arried SSN: Unk	nown	
Sex: Male Date of Birth: OCT-31-1971 County:					
City or Town of Death:					
Place of Death:					
Residence: Berne Indiana, Unite	d States				
Mother's Maiden Name: Never	When				
Funeral Director: Funeral Director	or Six				
Funeral Home: Abbott Funeral H	lome, 421 E. Main	Street, Delp	bhi		
Medical Certifier:					
Date Entered: JAN-27-2021			Last Upd	ate Made By:	Funeral Director Six
Death CC Abstract					
Death Transcript					
Facts of Death Verification					
Provisional Notification of Death					



Once the record has been accessed, click on the Sign tab.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Valid/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/FIPS Coding Required
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
√Sign	Decedent's Maiden Name
Medical Certification	Last
Pronouncement	
Place of Death	
Cause of Death	Aliases
Other Factors	Add/Edit Alias Names
Injury	Social
Certifier	Sex Gender Security None Unknown
Other Links	Male Male 999-99-9999
Assign Status	
Attachments	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status
Comments	OCT-31-1971 Age 49 Verify SSN UNVERIFIED (0)
Print Forms	MMM-dd-yyyy
Refer to Coroner	Decedent's Birth Place
Relinquish Case	City or Town County State Country
Request Medical Certification	Berne Adams Indiana United States
Request Non Affiliated Certification	Adams Indiana Officed States
Transfer Case	Ever in US Armed Forces? No
Trade Calls	
	Death Record Type Identified
	Save ♥ Validate Page → Next 🖉 Clear 🖬 Save ♥ Return

Once on the Sign tab / page, click on the Unsign button.

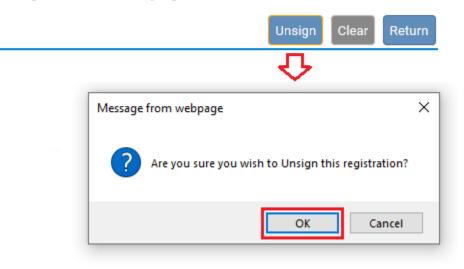
Death Registration Menu	4875020 :Alan Moore JAN-27-2021 /Personal Valid/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pe
Personal Information	Affirmations
Decedent	Ammauons
Resident Address	This so sisteration is successful sizes of
Family Members	This registration is currently signed.
Informant	Unsign Clear Return
Disposition	
Decedent Attributes	



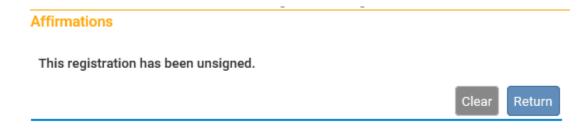
Clicking the **Unsign** button will cause a pop-up to appear. Click on **Okay**.

Affirmations

This registration is currently signed.



DRIVE will then note that the record has been **Unsigned**.





Having **Unsigned** 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	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Invalid/Medical Invalid/Not Registered/
Decedent	Disposition
Resident Address	Method of disposition Burial 🗸 Other S
Family Members	Date of disposition
Informant	MMM-dd-yyyy
Disposition	
Decedent Attributes	

Once you make the appropriate changes, make sure to save them using the <u>Save</u> button at the bottom of the page.

Note: You can use the **Validate Page** button to ensure that that entries conform to data standards.

Death Registration Menu	4875020 :Alan Moore JAN-27-2021
Personal Information	/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/FIPS Coding Required
Decedent	Disposition
Resident Address	Method of disposition Burial 💟 Other Specify
Family Members	Date of disposition JAN-28-2021
Informant	JAN-28-2021
Disposition	Place of disposition
Decedent Attributes	
	Place of Disposition
	Save ♡ Validate Page → Next Clear Save ♡ Return



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

Death Registration Menu	4875020 :Alan Moore JAN-27-2021 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/FIPS Coding Required					
Personal Information	Decedent Attributes	Invalid/ Not Ne	gistered/onsigned/oncertified/NA/Me	dicarr ending/r in 3 county Required		
Decedent						
Resident Address	Decedent's Usual Occupatio (do not use retired)		Kind of Business / Industry			
Family Members	raconteur		publishing	1		
Informant	raconteur		publishing	J		
Disposition	Decedent's education Unk	nown		\checkmark		
Decedent Attributes	Anostru					
Medical Certification	Ancestry					
Pronouncement	Check the 'No' box if decede		box that best describes whether the de nish/Hispanic/Latino)	cedent is Spanish/Hispanic/Latino.		
Place of Death	🖌 No, not Spanish/Hispa	nic/Latino	Yes, Puerto Rican Yes	, Other Spanish/Hispanic/Latino		
Cause of Death	Yes, Mexican, Mexican					
Other Factors	,,	,				
Injury	Race					
Certifier	Decedent Race (Check one	or more races	to indicate what the decedent conside	red himself or herself to be)		
Other Links	✓ White	Chinese	Vietnamese	Samoan		
Assign Status	Black or African	Filipino	🗌 Other Asian	Other Pacific Islander		
Attachments	American	Japanes	e 🗌 Native Hawaiian	Other (Specify)		
Comments	American Indian or Alaska Native	Korean	Guamanian or			
Print Forms	Alaska Native		Chamorro			
Refer to Coroner						
Relinquish Case						
Request Medical Certification			Solution Validate Page → Ne	ext 🖸 Clear 🖬 Save 🖒 Return		

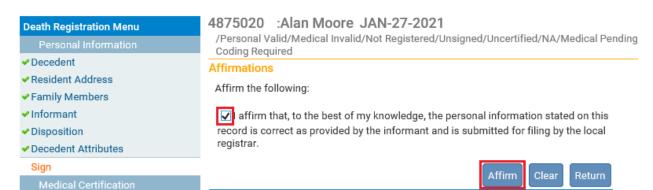


Clicking the Validate Page button will cause the Sign tab to reappear.

Note: If the Sign 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 Personal Information	4875020 :Alan Moore JAN-27-2021 /Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/FIPS Coding Required						
✓ Decedent	Decedent Attributes						
Resident Address	Decedent's Usual Occu	pation					
 Family Members 	(do not use retired)		Kind of Business / Industry				
 Informant 	raconteur		publishing				
 Disposition 							
Decedent Attributes	Decedent's education	Unknown		~			
Sign	Ancestry						
Medical Certification	Decedent of Hispanic	Origin? (Check the	e box that best describes whether the de	ecedent is Spanish/Hispanic/Latino.			
× Pronouncement	Check the 'No' box if decedent is not Spanish/Hispanic/Latino)						
× Place of Death	🖌 No, not Spanish/Hispanic/Latino 🛛 Yes, Puerto Rican 🗌 Yes, Other Spanish/Hispanic/Latino						
× Cause of Death	🗌 Yes, Mexican, Mexican American, Chicano 📄 Yes, Cuban						
× Other Factors							
🛩 Injury	Race						
× Certifier	Decedent Race (Check	one or more race	es to indicate what the decedent consid	ered himself or herself to be)			
Other Links	✓ White	Chinese	e 🗌 Vietnamese	Samoan			
Assign Status	Black or African	Filipino	🗌 Other Asian	Other Pacific Islander			
Attachments	American	🗌 Japane	se 🗌 Native Hawaiian	Other (Specify)			
✓ Comments	American Indian Alaska Native	or 🗌 Korean	🗌 Guamanian or				
Print Forms	Asian Indian		Chamorro				
Refer to Coroner							
Relinquish Case			✓ Validate Page → Net	ext 👌 Clear 🕞 Save 🏷 Return			
Request Medical Certification				Ext & Clear Save SReturn			

Once back on the **Sign** tab, re-check the box and click on the **Affirm** button. The case will now appear as *Signed*.





Funeral Director 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	ço" Lif <u>e</u> Events	🗮 Queues 🗠 Reports 睯 Forms 🚱 Help					
	Death 🕨	Locate Case					
Home		Start/Edit New Case					

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

Death Lo	ocate Case				
Deceder	nt's Information				
First:	Alan	Last:	Moore	Date of Death:	MAR-01-2021
Sex:	~	SSN:		Date of Birth:	MMM-dd-yyyy
Case Id:		ME Case Number:		Medical Record Number:	
Place of	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
4875181	Moore, Alan Update	MAR-01-2021	Male	Adams	OCT-31-1972	Preview
						Total Records : 1
						iii New Search



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

Case Id Decedent's Name	Date of Death	Sex	Place of Deat	th Date of Birth	Preview
4875181 Moore, Alan Upda	te MAR-01-2021	Male	Adams	OCT-31-1972	Select
				Tot	al Records : 1
					i New Searc
eview					
ile Number: 2021000034	File Date:	MAR-01-	2021	Coroner Case Numb	er: 11015678
ase Id: 4875181	Medical Re	cord Nur	nber:	Date of Death: MAR	R-01-2021
ecedent's Name: Alan Update	Moore				
pouse's Name: Nada Surf	Marital Sta	tus: Cur	rently Married	SSN: 121-21-3457	
Sex: Male	Date of Bir	th: OCT-	31-1972	County: Adams	
ity or Town of Death: Berne					
Place of Death: One Two Way, B	erne, Indiana 46711				
Residence: Berne Indiana, Unite	d States				
Nother's Maiden Name: Never \	Vhen				
uneral Director: Funeral Director	or Six				
uneral Home: Abbott Funeral H	lome, 421 E. Main S	treet, De	phi		
Nedical Certifier: Coroner Six			Lest Hede	to Made Due Otata D	
ate Entered: MAR-01-2021			Last Opda	ite Made By: State Fi	ive Amendment
tatus: /Personal Valid/Medical	Valid/Registered/S	igned/Ce	ertified/ICD Codi	ng Required/Local Re	gistrar Filed
Death CC Abstract					
Death Transcript					
Facts of Death Verification					



Under Other Links select Amendments.

Death Registration Menu	4875181 2021000034 :Alan Update Moore MAR-01-2021
Personal Information	/Personal Valid/Medical Valid/Registered/Signed/Certified/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 Update Moore
Medical Certification	Decedent's Maiden Name
Pronouncement	Last
Place of Death	
Cause of Death	
Other Factors	Aliases
Injury	Add/Edit Alias Names
Certifier	Social
Registrar	Sex Gender Security None Unknown Unkn
Amendment List	Male Male VIII-21-3457
Other Links	
Amendments	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status
Assign Status	OCT-31-1972
Attachments	MMM-dd-yyyy
Comments	Decedent's Birth Place
Print Forms Trade Calls	City or Town County State Country
Trade Calls	Berne Adams Indiana United States
	Ever in US Armed Forces? No
	Death Record Type Identified
	🔗 Validate Page 🗦 Next 🕭 Clear 🖬 Save 💆 Return

Under **Type** select appropriate choice from dropdown menu (*Personal* refers to the <u>Personal Information</u> section that Funeral Directors are responsible for).

Amendment I	Page		 -	
Type Year	Administrative Error - Death Personal	Amendment Date Amendment Number		
Order Number Amendment Status		Description	Save	e Clear Return



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

Amendment I	Page	-		
Туре	Personal	~	Amendment Date	
Year			Amendment Number	
Order Number Amendment Status			Description	Updating Date of Disposition
				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**.

Amendment F	Page		
Туре	Personal	Amendment Date	MAR-03-2021
Year	2021	Amendment Number	758
Order Number		Description	Updating Date of Disposition
Amendment Status	Keyed (Requires Affirmation)		
Page to Ame	nd Death - Decedent		
	Death - Family Members)
	Death - Informant Death - Disposition	<	
	Death - Resident Address		Cancel Amendment Save Clear Return
	Death - Decedent Attributes Death - Identifiers		



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

Amendment F	Page				
Туре	Personal	\checkmark	Amendment Date	MAR-03-2021	
Year	2021		Amendment Number		
Order Number			Description	Updating Date of Disposition	
Amendment Status	Keyed (Requ	ires Affirmation)			
Page to Amer	Death - D	Disposition			
Disposition				57	
Method of dis	position Bur	ial 🗸		\mathbf{v}	
Date of dispos		-dd-yyyy			
Place of dispo	sition				
Place of Dispo	sition				
Crown Hill Ce	emetery			l	
City or Town		State		Country	
Indianapolis		Indiana		United States	
Funeral Direct	or Q 🛓				
License Numb					
FD06	€				
First		Middle	Last	Suffix	
Funeral		Director	Six		
Funeral Home					
Business Regi	stration Num	ber Lookup			
FH19600002		Abbott Funeral H	lome	Q &	



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.

Disposition						
Method of disposition Burial	\checkmark					
Date of disposition MAR-02-2						
Place of disposition						
Place of Disposition						
Crown Hill Cemetery						
City or Town	State		Country			
Indianapolis	Indiana		United States			
Funeral Director	LA I ED BASED JN	IPLACE OF DEA	ПН —			
Filing Registrar Information				- X - I		
Local Health Department				- N 7		
Adams County Health Departme	nt			$-\mathbf{V}$		
Local Approval By				V		
Burton, Alisha	•			· ·		(
Canc	el Amendment	Validate Page	Validate Amendm	nent Save	Clear	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				<u>.</u>		
The Amendm	ent has not been affirmed. Plea	ase s	elect Amendme	ent Af	firmation to Affirm the amen	dment.	
Туре	Personal	\checkmark	Amendment Date		R-03-2021 💼		
Year	2021		Amendment Number	758			
Order Number]	Description	Upd	ating Date of Disposition		
Amendment Status	Keyed (Requires Affirmation)						
Page to Ame	nd	~	Print/Previ	ew	Print/Preview 7.25x7		
Item In Error	r	Iter	n as it Appears		Item as it Should be	Edit	Delete
Disposition -	- Date of disposition				MAR-02-2021	Edit	Delete
		_				_	
		Car	ncel Amendmer	nt V	Validate Amendment Save	Clea	r Return

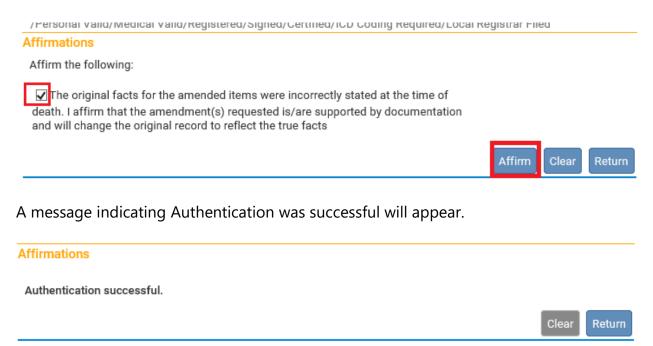


When you choose a page to update, a new Menu tab will appear atop the other menus. Once you have Saved your updates, select **Amendment Affirmation** from upper left under the **Amendments Menu** heading.

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.

lessages		Send Message	irk as Read 🗙 Remove	from Lis
From	Subject	Message	Date Sent	
State Five Amendment	Case 4875181 Amendment Approved	The amendment submitted for: 4875181: ; Alan Update Moore, Event Date: MAR-01-2021 has been Approved.	3/3/2021 3:17:40 PM	
Funeral Director Six	Case 4875181 Amendment Submitted	An amendment has been submitted for Case :4875181, Name: Alan Update Moore, Date of Death: MAR-01-2021	3/3/2021 2:27:26 PM	

