



Wisconsin
Department of Health Services

Wisconsin's Statewide Vital Records Information System (SVRIS)

Funeral Home User Manual

Department of Health Services

Division of Public Health

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Introduction to Wisconsin's Statewide Vital Records Information System (SVRIS)

What is the Wisconsin Statewide Vital Records Information System

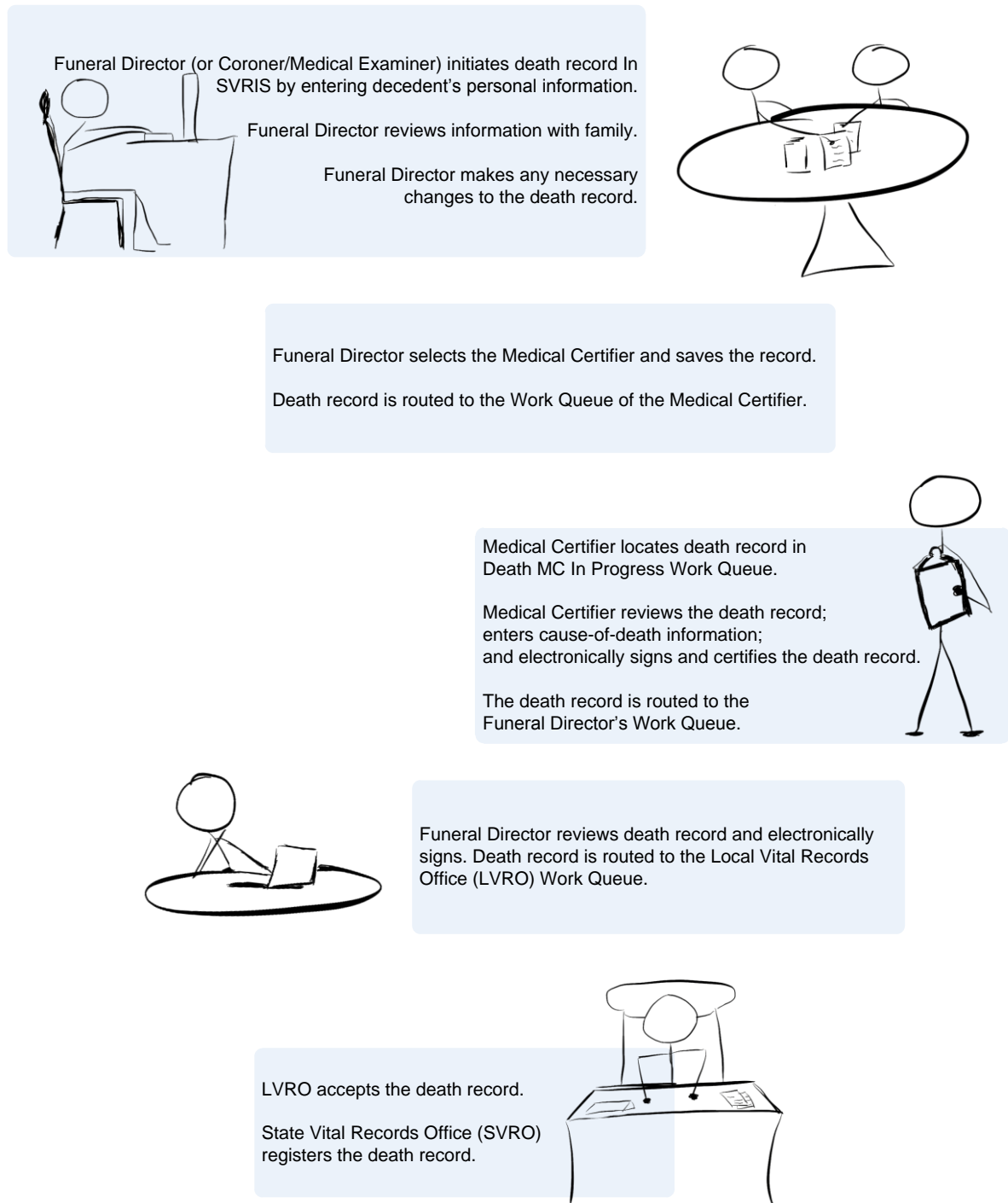
The Wisconsin Statewide Vital Records Information System (SVRIS) is an automated, secure web-based software application designed to process vital records from point of initial entry and certification through registration and assignment of the State File Number. SVRIS includes modules for birth, death, marriage, and divorce.

What are the Capabilities of SVRIS for Funeral Directors

Funeral Directors will have access to all records in their funeral home(s). Personal and demographic information will be entered electronically. Funeral Directors will have the ability to initiate a death record, assign a medical certifier, complete the medical certification on fax records, request amendments, and request copies of the death certificate from the Local Vital Records Office (LVRO). Reports can be run on demand with real time data.

How Death Records Flow in SVRIS

The basic flow of death records in SVRIS is similar to the paper process.



Becoming a SVRIS User

Requesting Access

In order to request access to SVRIS, you will need to set up your SVRIS User Account and to report your SVRIS User Account ID to the State Vital Records Office (SVRO) on the Access Request form (as discussed below) before your account is activated. (Do not report your password to SVRO.) A SVRIS User Account must be set up by each staff person using SVRIS. Accounts must not be shared.

1. Go to <http://register.wisconsin.gov>.
2. Click on the "Self Registration" link under "Sign Up for your DOA/Wisconsin Logon."
3. Read the User Agreement and click "Accept."
4. Enter all required information. Required information is indicated by the asterisk (*) following the field. Under "Systems You Will Access," select **DHS Vital Records**. Under "Account Information," enter the **Logon ID** and **Password** you create, which you will use to gain access to SVRIS. Remember your Logon ID (which is your User ID or Logon) and Password. This is what you will use when working with SVRIS. **Please note: the Logon ID cannot be more than 16 characters.**
5. Click "Submit" when you have entered all the required information.
6. Fill out the "SVRIS Access Request and Confidentiality Agreement for Death Event Users" form. If you don't have a copy, you can email DHSSVRISAdmin@wi.gov and request one. Or you can go to Netsmart University Home Page at <https://www.mylearningpointe.com/svris/signinMLP.asp> and click on your user group on the left side of the screen. Click on "Creating Your SVRIS User Account" from the dropdown list. Download the "SVRIS Access Request and Confidentiality Agreement for Death Event Users" form and fill in the requested information.
7. Fax both pages to (608) 261-4972.
8. Staff at the SVRO will complete the SVRIS account activation process and notify you when your SVRIS account is active. It generally takes approximately one week. You must have completed your training before your SVRIS account is activated.
9. If you forget your Logon ID and/or Password, go to <http://register.wisconsin.gov>, select "Forgot Your Login ID or Password?" and enter your email address. You will receive an email with instructions on how to recover your Logon ID and Password. If you still have problems, please contact the Wisconsin Help Desk by phone at 1-866-335-2180 or by email at helpdesk@wi.gov.

User Roles in SVRIS

What is a User Role

A user role controls what a user can see and do in SVRIS. Roles regulate what records a user can access, search, and print. Each SVRIS user will have a user role, in some cases more than one.

Participants in SVRIS are distinguished by their user roles. As users register to participate in the system, they are assigned roles, which identify and define how they will use the system. SVRIS contains an electronic audit trail, by user role, of who is accessing death records, which improves accountability.

All SVRIS users should be aware of what role has been assigned to them and have a clear understanding of how their role is defined in both access and functionality in SVRIS.

Funeral Directors/Funeral Homes User Roles

- **Funeral Home staff** – The Funeral Home staff role can create new death records, enter personal and demographic information, and run reports.
- **Funeral Director** – The Funeral Director role can perform all the functions of the Funeral Home staff role with a few additions. Funeral Directors can certify death records, request amendments, and respond to queries.

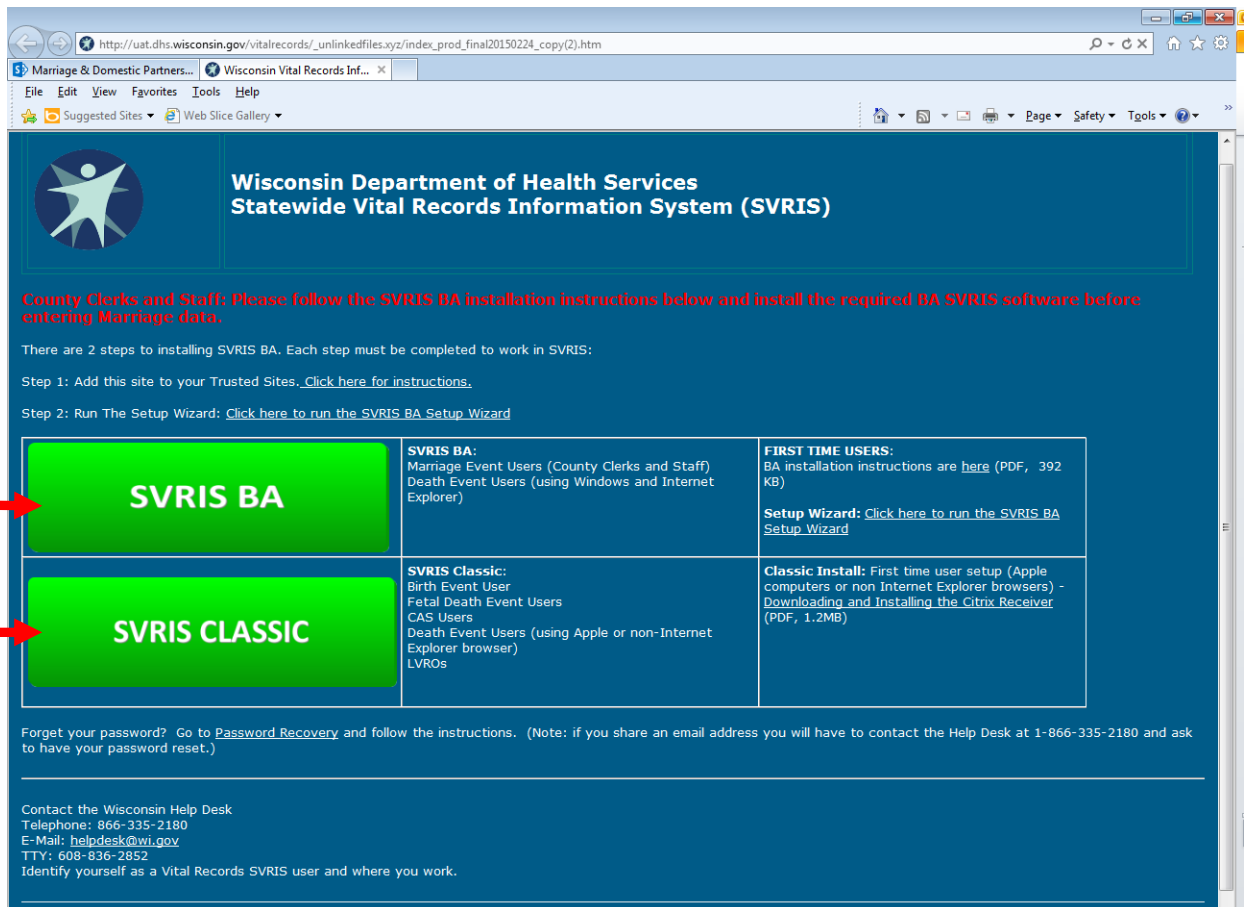
In addition to the individual funeral home roles, there are two corporate roles. These are used for funeral homes with multiple locations. The corporate roles can work with records across all funeral homes under the central corporation.

- **Corporate Funeral Home Staff** – The main difference in the corporate funeral home staff role is they will work across several funeral homes in the corporation instead of one funeral home. They can create new death records, enter personal and demographic information, and run reports across all the funeral homes in the corporation.
- **Corporate Funeral Director** – The Corporate Funeral Director role can perform all of the functions of the Corporate Funeral Home Staff. Corporate Funeral Directors can certify death records across funeral homes in their corporation. Corporate Funeral Directors cannot request amendments or respond to queries. They must log in as an individual Funeral Director to access these functions.

Logging into SVRIS

Go to the SVRIS website - <https://vitalrecords.wisconsin.gov> . This is the SVRIS main page and the page that you should bookmark, if you choose. Do NOT bookmark the login page shown on the next page in this manual.

For those using a Windows operating system and Internet Explorer, select the link “SVRIS BA.” Apple users should select the link for “SVRIS Classic.”



**Wisconsin Department of Health Services
Statewide Vital Records Information System (SVRIS)**

County Clerks and Staff: Please follow the SVRIS BA installation instructions below and install the required BA SVRIS software before entering Marriage data.

There are 2 steps to installing SVRIS BA. Each step must be completed to work in SVRIS:

Step 1: Add this site to your Trusted Sites. [Click here for instructions.](#)

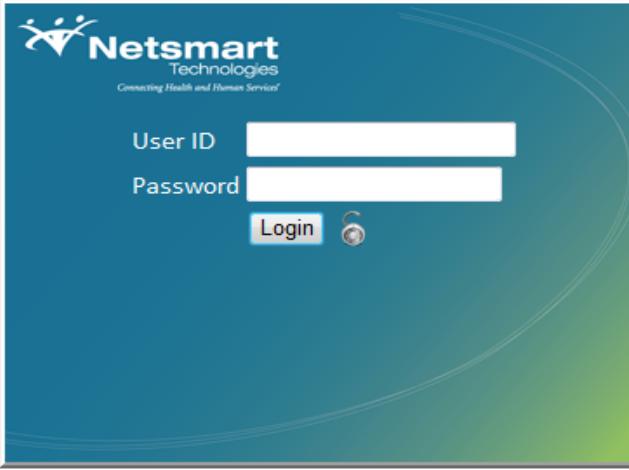
Step 2: Run The Setup Wizard: [Click here to run the SVRIS BA Setup Wizard](#)

SVRIS BA	SVRIS BA: Marriage Event Users (County Clerks and Staff) Death Event Users (using Windows and Internet Explorer)	FIRST TIME USERS: BA installation instructions are here (PDF, 392 KB) Setup Wizard: Click here to run the SVRIS BA Setup Wizard
SVRIS CLASSIC	SVRIS Classic: Birth Event User Fetal Death Event Users CAS Users Death Event Users (using Apple or non-Internet Explorer browser) LVROS	Classic Install: First time user setup (Apple computers or non Internet Explorer browsers) - Downloading and Installing the Citrix Receiver (PDF, 1.2MB)

Forgot your password? Go to [Password Recovery](#) and follow the instructions. (Note: if you share an email address you will have to contact the Help Desk at 1-866-335-2180 and ask to have your password reset.)

Contact the Wisconsin Help Desk
Telephone: 866-335-2180
E-Mail: helpdesk@wi.gov
TTY: 608-836-2852
Identify yourself as a Vital Records SVRIS user and where you work.


The Login screen will open.



The login screen features the Netsmart Technologies logo at the top left, with the tagline "Connecting Health and Human Services". Below the logo are two input fields: "User ID" and "Password". A "Login" button with a circular icon is positioned below the password field. At the bottom of the screen, there are three blue buttons with white text: "View Application Prerequisites", "View Signature Pad Prerequisites", and "Running Multiple Versions of VR".

User ID

Password

Login 

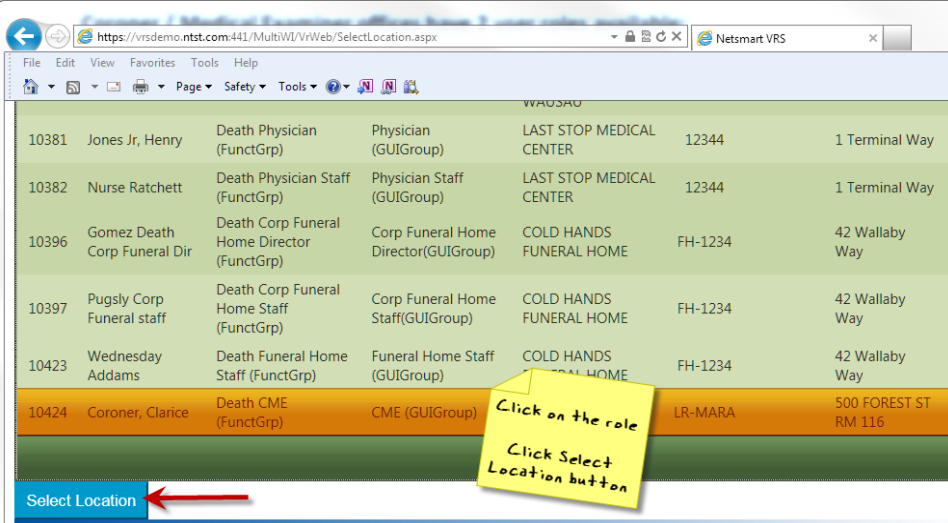
View Application Prerequisites

View Signature Pad Prerequisites

Running Multiple Versions of VR

Enter your user ID and password and click the Login button. Do not click on any of the 3 buttons under the Login screen.

If necessary, select your role. Then select "Select Location." Not all users will have multiple roles.



The screenshot shows a web browser window with the URL <https://vrsdemo.ntst.com:441/MultiWeb/VrWeb/SelectLocation.aspx>. The browser's address bar shows "Netsmart VRS". The application interface displays a table with user information and roles. A red arrow points to the "Select Location" button at the bottom left. A yellow sticky note with the text "Click on the role" and "Click Select Location button" is placed over the table.

ID	Name	Role	Group	Location	Address
10381	Jones Jr, Henry	Death Physician	Physician (GUIGroup)	LAST STOP MEDICAL CENTER	12344
10382	Nurse Ratchett	Death Physician Staff	Physician Staff (GUIGroup)	LAST STOP MEDICAL CENTER	12344
10396	Gomez Death Corp Funeral Dir	Death Corp Funeral Home Director	Corp Funeral Home Director(GUIGroup)	COLD HANDS FUNERAL HOME	FH-1234
10397	Pugsly Corp Funeral staff	Death Corp Funeral Home Staff	Corp Funeral Home Staff(GUIGroup)	COLD HANDS FUNERAL HOME	FH-1234
10423	Wednesday Addams	Death Funeral Home Staff	Funeral Home Staff (GUIGroup)	COLD HANDS FUNERAL HOME	FH-1234
10424	Coroner, Clarice	Death CME	CME (GUIGroup)	LR-MARA	500 FOREST ST RM 116

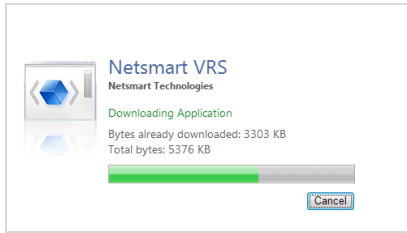
Select Location

Click on the role

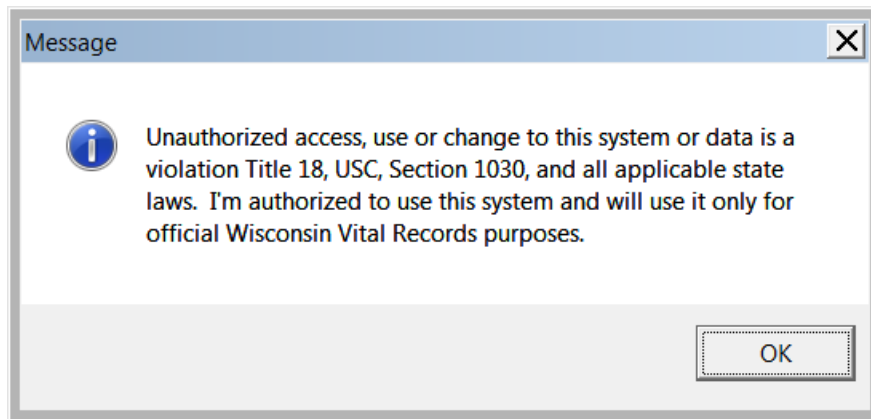
Click Select Location button

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You will see the following message while SVRIS is loading.

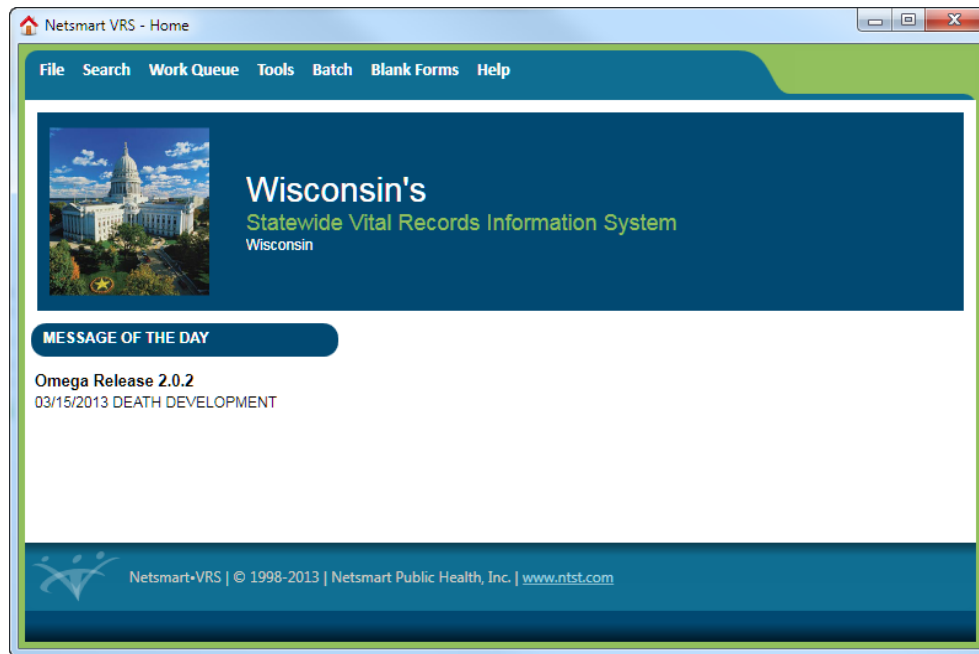


Then the following message will appear. Click OK.



How SVRIS is Organized

SVRIS home screen:



Along the top of the SVRIS home screen (screen shot above), there are menus for common commands.

- The File menu allows a user to create a death record.
- The Search menu allows a user to search all deaths assigned to his or her jurisdiction and to search for a specific message.
- The Work Queue menu contains items awaiting action. By using the Work Queues, the user can track records through the registration process.
- The Tools menu is where a user can send and/or receive an email message or can access Preferences, which will allow a user to customize the screens in SVRIS.
- The Batch menu is where a user can access and run standard reports and exports.
- The Blank Forms menu is where a user can access and print standard forms to be completed manually (e.g., Cremation Release, Death Worksheet, Report for Final Disposition).
- The Help menu is where the user can find such things as how to contact the Help Desk, how to recover an ID and password, and learn about printer specifications.

Using SVRIS Work Queues

What are Work Queues

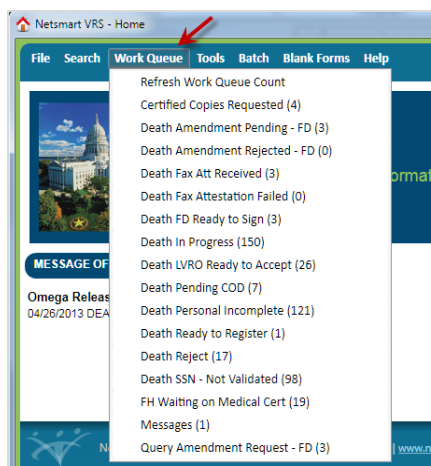
SVRIS work queues contain records waiting for action. When you complete a record in your queue, it will automatically be routed to the appropriate authority. The Funeral Director initiates the death record and marks it complete. The record will then be routed to the queue of the C/ME for cause of death and signature. The C/ME will select the record from his or her work queue, enter the cause of death, mark the medical information as complete, and electronically sign the record. It will then be routed back electronically to the Funeral Director's queue to be completed and signed. Once the Funeral Director signs the record, it will be routed electronically to the Local Vital Records Office (LVRO) for acceptance. After the LVRO accepts the record, it will be routed electronically to the State Vital Records Office (SVRO) for registration.

NOTE: Records may appear in more than one work queue. For example, the record may appear in the "Death In Progress" Work Queue as well as the "FH Waiting on Medical Cert" Work Queue.

Locating the Work Queues

The Work Queues are located under the Work Queue menu from the SVRIS home screen. This is a list of the various queues assigned to your role in the system. Each Work Queue will show a count of how many items are waiting in that queue. If the number is zero, nothing is in that queue.

NOTE: Periodically you will need to select the first menu item, "Refresh Work Queue Count"; this will update your queue with any new records that have arrived.



Work Queues Available to the Funeral Director

Refresh Work Queue Count

This will check the system for new records that have arrived for your review. Logging into the system automatically refreshes the Work Queue. If you have not logged out of the system and logged back in, this refresh does not occur and you must select “Refresh Work Queue Count” to update your queue with any new records that have arrived.

Certified Copies Requested

Death records with certified copies requested from the LVRO that have not been printed.

Death Amendment Pending – FD

Death records where an amendment requested by the Funeral Director is waiting on SVRO approval.

Death Amendment Rejected – FD

Death records where an amendment requested by the Funeral Director has been rejected back to the Funeral Director by the SVRO.

Death Fax Att Received

Death records that have been received via fax attestation from the Physician with signature.

Death Fax Attestation Failed

Not available at this time.

Death FD Ready to Sign

Death records that the personal information has been completed and the Medical Certifier has signed.

Death In Progress

Death records which have not been registered.

Death LVRO Ready to Accept

Death records that have been electronically signed by the Funeral Director, but have not been accepted by the LVRO or SVRO.

Death Pending COD

Death records with a “Pending” manner of death and cause of death.

Death Personal Incomplete

Death records that are incomplete for personal information.

Death Ready to Register

Death records that have been accepted by the LVRO but have not been registered by the SVRO.

Death Reject

Death records that have been rejected back to the Funeral Director. These may include records rejected back to a physician who is not an online user which means the Funeral Director will need to resend the Fax Attestation.

Death SSN – Not Validated

Death records that have not been validated by SSA through the Online Verification System (OVS). Death records remain in this work queue for 60 days. After 60 days the death records will no longer appear in this work queue. This is to allow sufficient time for the Funeral Director to send the SSA-721 form to their local SSA as appropriate.

FH Waiting on Medical Cert

Death records with the personal information completed but have not been signed by the Medical Certifier.

Messages

Internal messages. (Messages are discussed in the Messaging section.)

Query Amendment Request – FD

Death records where SVRO requires additional information from the Funeral Director.

Death Record Layout

Electronic death records are organized using tabs, paragraphs, and fields. Tabs are the major sections of a record and appear at the top of the window. Tabs are subdivided into Paragraphs, which are recognizable by the blue lines surrounding each paragraph. Each Paragraph contains individual fields.

In the example below, the first tab is the Decedent Tab. This tab contains paragraphs relating to the decedent – Overview, Deceased, Pronouncement, and Place of Death. Some of the fields in the Decedent information paragraph are first name, middle name, last name.

The screenshot displays the 'Death (Event Year = 2014)' application window. The interface is organized into several sections:

- Menu:** A horizontal bar at the top containing 'File', 'Search', 'Requests', 'Actions', 'Work Queue', 'Linking', 'Tools', and 'Help'.
- Tab:** A row of tabs below the menu, including 'Cause of Death', 'Signatures', 'Amendment', 'Flags', 'SuperMicar', 'Decedent' (selected), 'Decedent Demographic', 'Decedent Statistics', 'Disposition', and 'Certifier'.
- Overview Paragraph:** A section with fields for 'State File Number', 'View', 'State File Date', 'Record Status' (set to 'IN PROGRESS'), 'Record Status for Personal Info' (set to 'NO FH ASSIGNED'), 'Record Status for Medical Info' (set to 'NO MC ASSIGNED'), 'Query Pending?', and 'FD Query Pending?'.
- Deceased Paragraph:** A section with fields for 'First Name', 'Middle Name', 'Last Name', 'Suffix', 'Decedent's Name', 'Alias?', 'Alias First Name', 'Middle Name', 'Last Name', 'Suffix', 'Sex', 'No SSN', and 'Social Security Number'.
- Pronouncement Paragraph:** A section with fields for 'Date Pronounced Dead', 'Time Pronounced Dead (Military)', 'Pronouncer Name', and 'Pronouncer Type'.
- Reportable to Coroner/Medical Examiner Paragraph:** A section with fields for 'Reportable to C/ME?', 'State of Incident', 'WI County of Incident', and 'C/ME Notified?'.
- Hospice Paragraph:** A section with fields for 'Was hospice responsible for decedent's care at the time of death?', 'Hospice Name', and a text input field.
- Place of Death Paragraph:** A section with fields for 'Place of Death', 'Hospital Type', 'Facility Name', 'State', 'County', 'City, Village, or Township', 'City, Village, or Township Indicator (C/V/T)', 'Street Address', 'Apartment Number Designator', 'Apartment Number', and 'Zip Code'.

Annotations with red boxes and arrows identify the 'Tab', 'Menu', 'Field' (pointing to the 'Decedent's Name' field), and 'Paragraph (Blue Lines)' (pointing to the 'Hospice' section header).

Creating a Death Record


Creating a death record using SVRIS begins with the completion of a Death Worksheet during the informant interview. The Death Worksheet is available for printing in SVRIS under the Blank Forms menu.

Print a blank death worksheet

- Funeral Director/staff logs into SVRIS.
- Prints a blank death worksheet.
 - ✓ Click on Blank Forms menu.
 - ✓ Select Death Worksheet.
 - ✓ Print the worksheet by clicking the printer icon in the preview window.

Enter the worksheet information into SVRIS (Certifier is online)

- Initiate a new death record in SVRIS.
 - ✓ Click on File menu – New Event → Death.
- Enter data into appropriate fields of death record on the following tabs.
 - ✓ Decedent.
 - ✓ Decedent Demographics.
 - ✓ Decedent Statistics.
- Designate a Funeral Home.
 - ✓ Go to Disposition tab.
 - ✓ Select a Funeral Home from the dropdown list.
- Designate a Medical Certifier (Certifier is online)
 - ✓ Go to the Certifier tab.
 - ✓ Select Physician or Medical Examiner/Coroner from the dropdown list.
 - ✓ Select the Medical Certifier's name from the dropdown list. (If there is only one Funeral Home, the Funeral Home information will be pre-populated.)
- The partially completed record can be saved using Save Without Edits.
 - ✓ Click on the File menu → Save Without Edits.
- Print a worksheet for family review
 - ✓ Click on the Requests menu → Hover over Documents → click on Death Worksheet. The worksheet will open in a print preview window.
 - ✓ Print the worksheet by clicking on the printer icon at the top left of the print preview window.
- Mark personal information complete.
 - ✓ Go to Signatures tab.

- ✓ Enter “Y” in the Personal Information Complete field. The “Completed Date” and “Completed By” fields will be automatically filled.
- Save the record.  This will route the record to the work queue of the selected Medical Certifier.

Enter the worksheet information into SVRIS (Certifier is not online)

If the Medical Certifier is not online, the Fax Attestation process must be used. A Physician must attest to the cause of death by signing the death record. New technology enables medical professionals to sign an attestation document by fax from wherever they happen to be during the course of the day.

The Funeral Director can fax the death worksheet for cause of death information and signature from SVRIS instead of driving the death worksheet to the Physician to obtain the information.


For example, the Funeral Director will initiate the record and then fax a worksheet to the Physician’s office using the fax attestation. The Physician will write in the cause of death, sign the fax form, and fax it back to SVRIS. SVRIS links the fax (an image) with the death record. The Funeral Director will then type in the cause of death information provided by the Physician from the fax image, verify the Physician’s signature, and complete the record. Please see the following step-by-step instructions on this procedure:

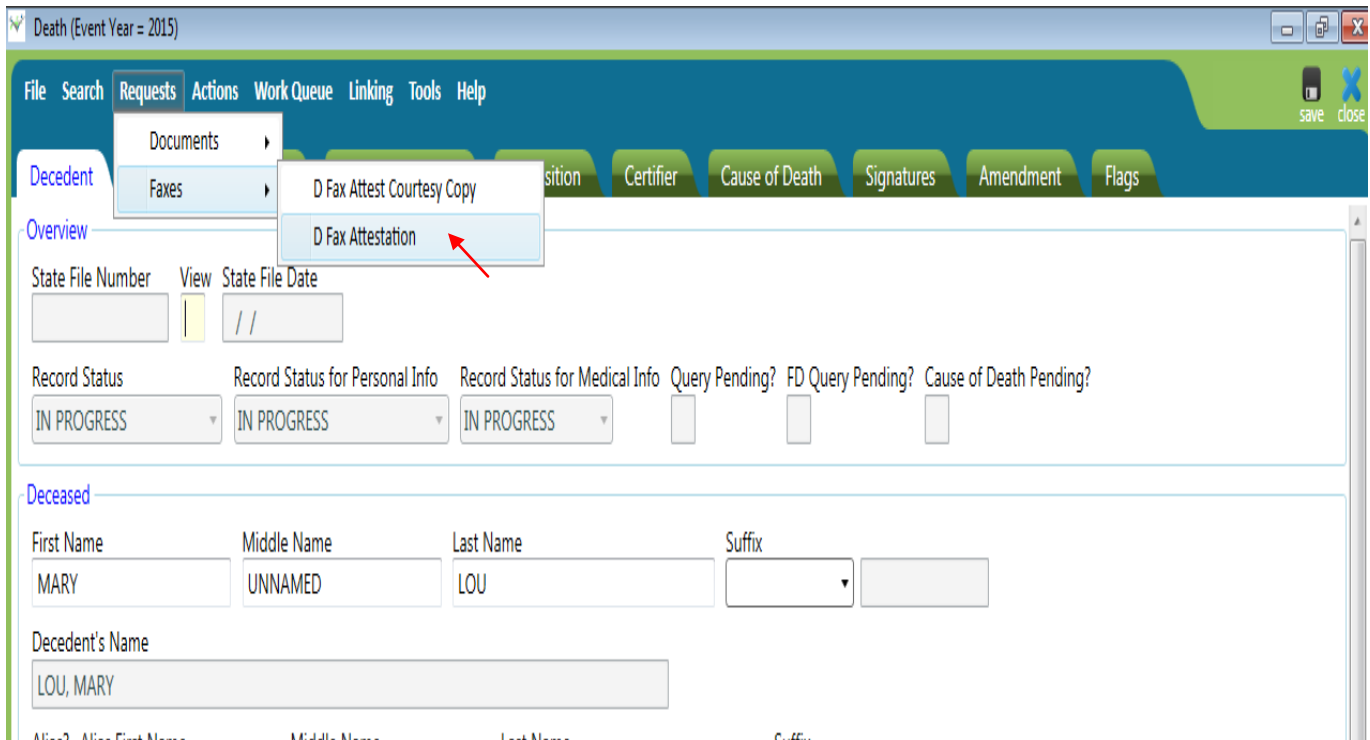
- Initiate a new death record in SVRIS.
 - ✓ Click on the File menu – select New Event → Death.
- Enter data into appropriate fields of death record.
 - ✓ Decedent tab.
 - ✓ Decedent Statistics tab.
 - ✓ Decedent Demographics tab.
 - ✓ Disposition tab.
- Enter Fax Attestation information.
 - ✓ Go to the Certifier tab.
 - ✓ Select “Certifier Type” from the dropdown.
 - ✓ Select “Other” from the dropdown list for “Certifier’s Name” field and then enter Medical Certifier’s full name (e.g., “John L Jones” or “Jones, John L”) in the open field. Do not include any title (e.g., Dr.).

NOTE: When you select “Other, “F” is automatically filled in the “Paper, Fax or Electronic” field.

- ✓ Under the Certifier paragraph, enter the Certifier’s full name, Title, License Number, full address, phone number, and fax number.

NOTE: Make sure the fax number is accurate. The Fax Attestation will be sent to this number.

- ✓ Enter “Y” in “Fax Attestation Ready to Send” field. The “Attestation Status” and “Attestation Date” fields will be automatically filled.
- Mark personal information complete.
 - ✓ Go to Signatures tab.
 - ✓ Enter “Y” in the “Personal Information Complete” field. The “Completed Date” and “Completed By” fields will be automatically filled.
- Save the record. 
- Next, send the Fax Attestation to the medical certifier.
- To Send the Fax Attestation.
 - ✓ Click on the Requests menu.
 - ✓ Select “Faxes.”
 - ✓ Select “D Fax Attestation



Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Overview Position Certifier Cause of Death Signatures Amendment Flags

Documents
Faxes
D Fax Attest Courtesy Copy
D Fax Attestation

State File Number View State File Date

Record Status Record Status for Personal Info Record Status for Medical Info Query Pending? FD Query Pending? Cause of Death Pending?

IN PROGRESS IN PROGRESS IN PROGRESS

Decedent

First Name Middle Name Last Name Suffix

MARY UNNAMED LOU

Decedent's Name

LOU, MARY

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Overview

State File

Record S

IN PRO

Decedent

First Name

MARY

Decedent

LOU, M

Alias? A

N

Sex

☒ F

Pronounce

Date Pro

04/14/2

Reportab

Reporta

N

Hospice

Was hos

N

Hospice Name

Place of Death

Place of Death

Hospital Type

FAX ATTESTATION FOR MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: SAM POSER MD

FROM: - SCHROEDER MICKELSON FUNERAL SERVICE INC

PHONE NUMBER OF SENDER: () -

TRACKING NUMBER: 1598667

DATE AND TIME SENT: 04/14/2015 10:37:31 AM

This fax is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number above if needed.

You have been selected as the medical certifier for the death record of MARY LOU .

- Promptly complete, sign, date and fax to **1-855-864-9936**.
- A courtesy copy of the medical certification will be faxed to you for your final review after the record is completed.

The medical certifier must complete and/or correct all of the information below.

DECEDENT'S NAME: MARY LOU .

DATE & TIME PRONOUNCED: 04/14/2015, 0800 HRS

PLACE OF DEATH: MAYO CLINIC HEALTH SYS-EAU CLAIRE, EAU CLAIRE

DATE OF BIRTH: 01/07/1980

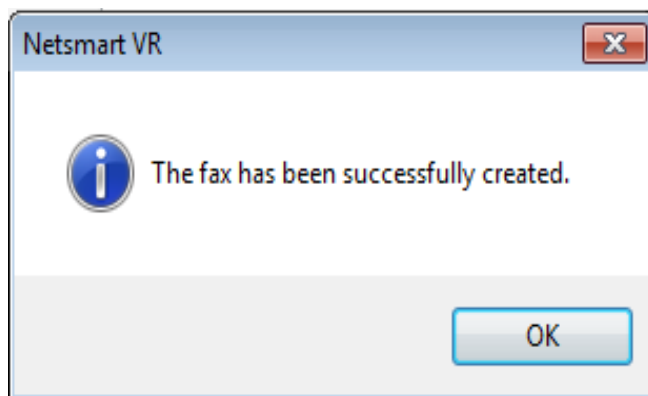
AGE: 35 YEARS


SEX: F

1/1 140 Page: 215.90 x 279.40

Close

- A print preview window of the fax attestation form will open.
- To send the fax:
 - ✓ Click "Close" on the print preview window.
 - ✓ The following screen will appear to indicate the fax has been sent.



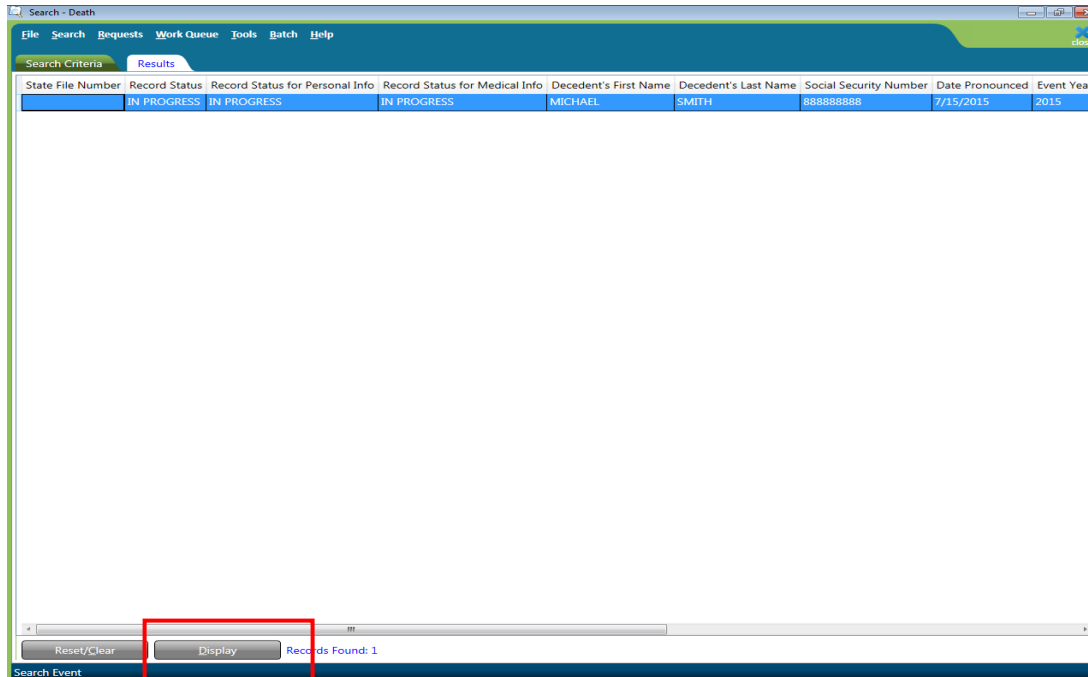
- Save the record. 
- The Medical Certifier receives the Fax Attestation form and manually completes the medical information fields and the cause of death.
- The Medical Certifier signs, dates, and faxes the Fax Attestation form back to SVRIS, using the fax number on the Attestation form.
- Funeral Director reviews and enters the medical information from the Fax Attestation form. The Funeral Director can enter the information using one of two options.

Option 1:

- To access the death record.
 - ✓ Click on Work Queue menu.
 - ✓ Select the “Death Fax Att Received” Work Queue.

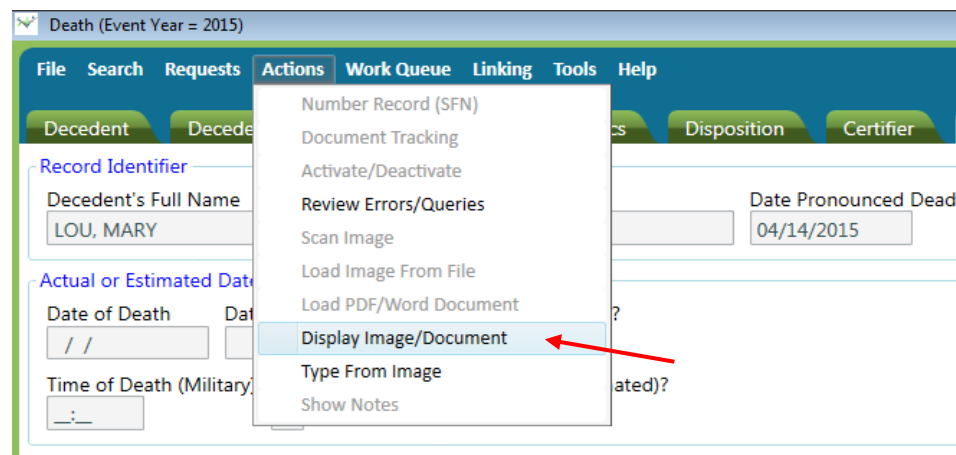


- ✓ To open the appropriate record, click on Display (bottom on left of the screen) or double click on the highlighted record.



- Enter medical information and cause of death from “Display Image/Document” option.

- ✓ Click on Actions menu.
- ✓ Select “Display Image/Document.”



- ✓ To open the image you want, click on Select button or double-click on the desired document.

Death (Event Year = 2014)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition

Certifier

Record Identifier

Decedent's Full Name
URBAINZICK, GALE

County of Death
DANE

Actual or Estimated Date of Death
06/17/2014

Time of Death (Military)
17:32

Other Information

Autopsy? Did Tobacco Use?
N PROBABLE

Pregnancy Status
NOT APPLICABLE

Cause of Death

Editing an existing event. 2014022519 **IMAGE PRESENT** 0 Alerts:

Display Image/Document Selection

Multiple images exist for this event. Please select one record and double-click or press 'Select' or 'Delete' to delete the record.

Delete Set Active/Inactive

Date Created	Event Name	Is Active?	Description	State File #	Document ID
6/18/2014	DEATH	True	D Fax Attestation	2014021299	

Select Close

- ✓ The FAX ATTESTATION will open.

From Jun 17, 2014, 7:30 PM Page 1 of 1

FAX ATTESTATION FOR MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: DANIEL JARZEMSKY MD
FROM: CAMACHO JR, DIEGO EL ESTADIO CAMACHO FUNERAL HOME
PHONE NUMBER OF SENDER: (808) 767-3664

TRACKING NUMBER: 1710158
DATE AND TIME SENT: 06/17/2014 7:42:04 PM

This fax is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number, above left.

You have been selected as the medical certifier for the death record of **GALE LYNN URBAINZICK**.

- Promptly complete, sign, date and fax to **(855) 864-9936**.
- A courtesy copy of the medical certification will be faxed to you for your final review after the record is completed.

The medical certifier must complete and/or correct all of the information below.

DECEDENT'S NAME: GALE LYNN URBAINZICK
DATE & TIME PRONOUNCED: 06/17/2014, 1732 HRS
PLACE OF DEATH: 104 LINCOLN CT, MOUNT HOREB, DANE

DATE OF BIRTH: 03/10/1940
AGE: 74 YEARS
SEX: M


WI PHYSICIAN LICENSE NO. 0000 **2416-LO**
MEDICAL CERTIFIER'S MAILING ADDRESS: 2416 BREWERY ROAD
CITY: CROSS PLAINS
STATE: WI
ZIP CODE: 53525

Cancel

- ✓ Print the document.
- ✓ Enter information from the printed document into the same cause of death fields as discussed above.
- Funeral Director verifies the signature of the Medical Certifier.
 - ✓ Click on the Signatures tab.
 - ✓ Enter "Y" in the "Medical Information Complete" field. The "Completed Date" and "Completed By" fields will be automatically filled.

- ✓ Enter “Y” in the “Certifier Signed” field. The “Full Name of Certifier” field will be automatically filled. The “Date Signed” must be completed by the Funeral Director. The date must be the date that the Certifier signed.

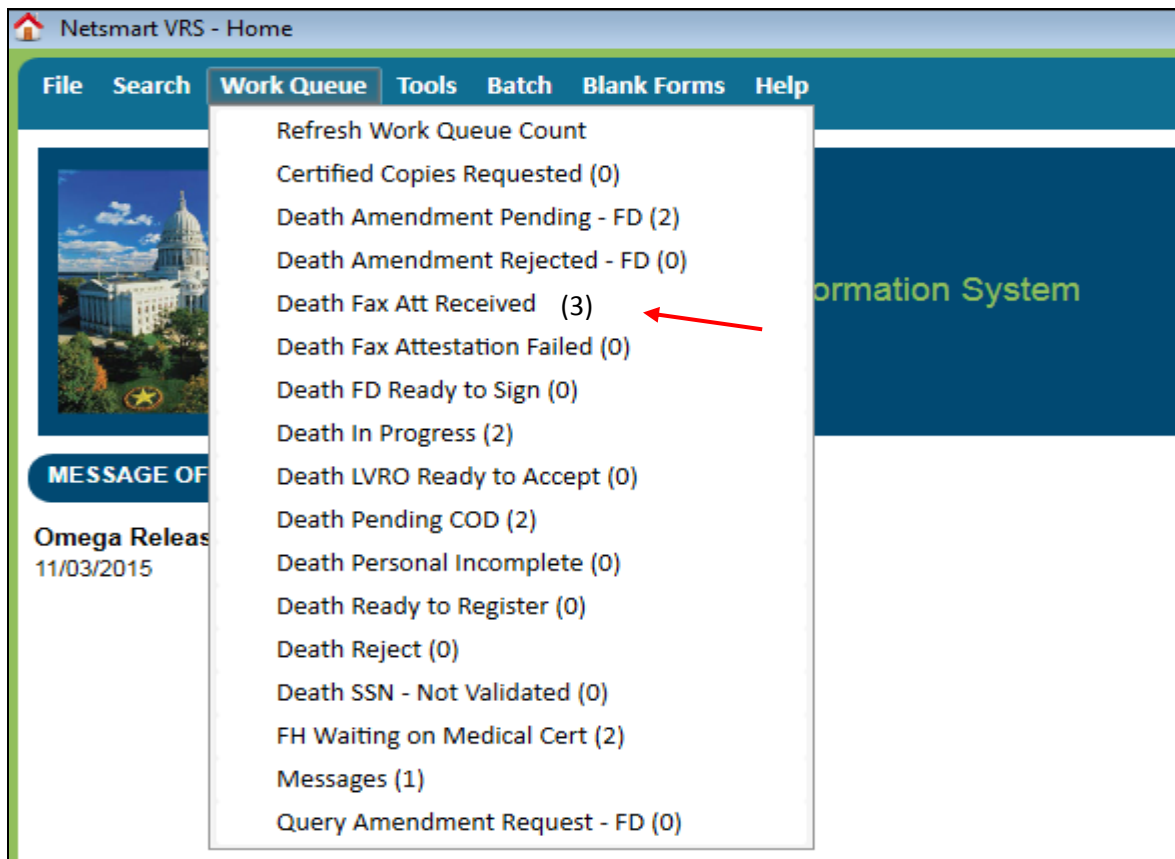
NOTE: Often the “Date Signed” by the certifier will be filled with the current date but **the Funeral Director must enter the date the Certifier actually signed the Fax Attestation.**

- Close the fax preview window
- Enter “Y” in the “FD Signed” field. The “Date Signed” and the “Funeral Director Name” fields will be automatically filled.
- System auto-saves the record. 

A completed courtesy copy will be automatically sent to the Medical Certifier after the Funeral Director signs the record. See the Resending Courtesy Copy section below if you need to send additional copies.

Option 2:

- To access the death record.
 - ✓ Click on Work Queue menu.
 - ✓ Select the “Death Fax Att Received” Work Queue.



- ✓ To open the appropriate record, click on Display (bottom on left of the screen) or double click on the highlighted record.

State File Number	Record Status	Record Status for Personal Info	Record Status for Medical Info	Decedent's First Name	Decedent's Last Name	Social Security Number	Date Pronounced	Event Year
	IN PROGRESS	IN PROGRESS	IN PROGRESS	MICHAEL	SMITH	888888888	7/15/2015	2015

Reset/Clear Display Records Found: 1

- Click on the Cause of Death tab.
- Click in the "Date of Death" field and then hit "tab."

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death Signatures Amendment Flags

Record Identifier

Decedent's Full Name: ANDERSON, POLLY JEAN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Actual or Estimated Date and Time of Death

Date of Death: // Date of Death (A = Actual or E = Estimated)? ☐

Time of Death (Military): Time of Death (A = Actual or E = Estimated)? ☐

Other Information

Autopsy? ☐ Did Tobacco Use Contribute to Death? ☐ Did Alcohol Use Contribute to Death? ☐ Pregnancy Status:

Cause of Death

Manner of Death:

--- PART I --- (If reporting more than one condition per line, separate each condition with a semi-colon.)

A. Immediate Cause (Final disease or condition resulting in Death) Approximate Interval - Onset to Death

List Conditions Leading to the Immediate Cause

B. Due to or as a Consequence of Approximate Interval - Onset to Death

C. Due to or as a Consequence of Approximate Interval - Onset to Death

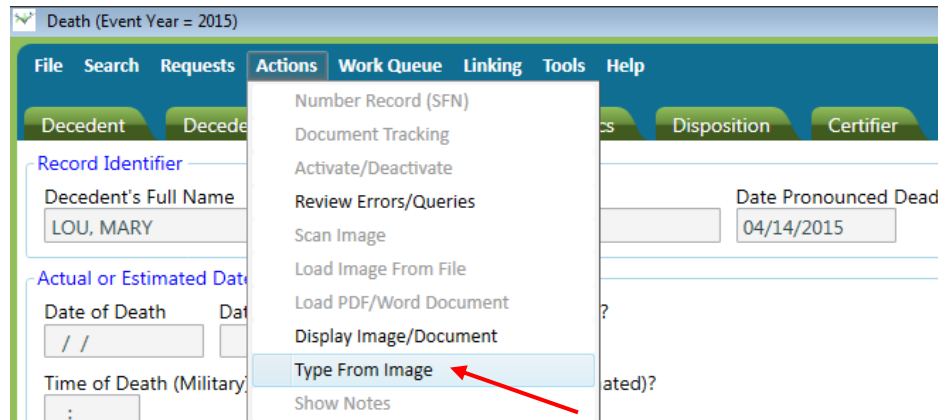
D. Due to or as a Consequence of Approximate Interval - Onset to Death

--- PART II --- (If reporting more than one condition per line, separate each condition with a semi-colon.)

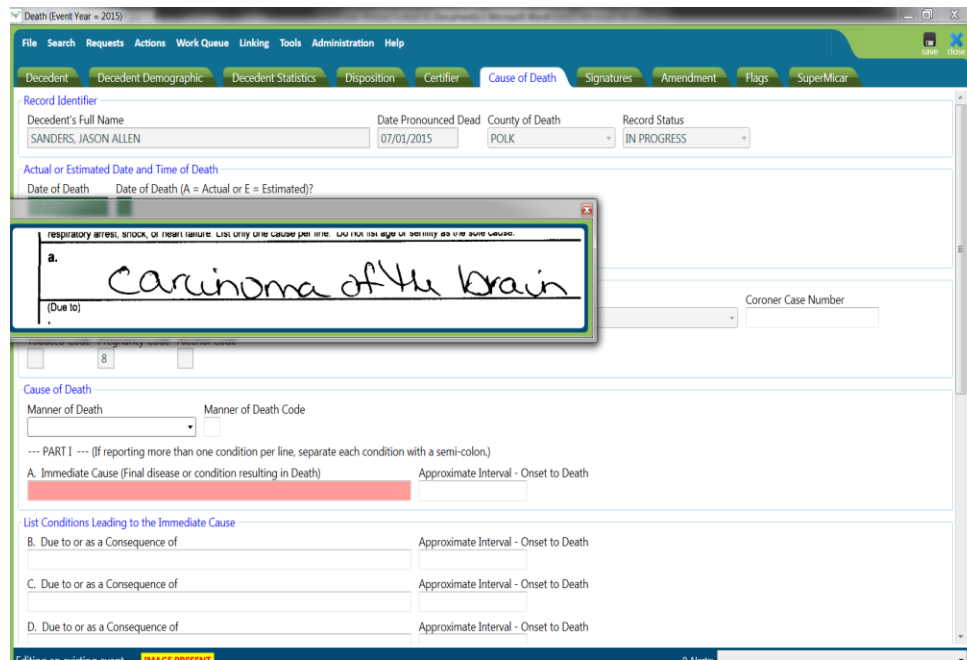
Other Significant Conditions Contributing to Death

- Enter medical information and cause of death from “Type From Image” option.

- ✓ Click on Actions menu.
- ✓ Select “Type from Image.”



- ✓ The image of the returned fax completed by the Medical Certifier will appear on the small preview screen. This preview screen shows only the fields where the cursor is and not the entire document at one time.
- ✓ If needed, the small preview screen can be moved around.

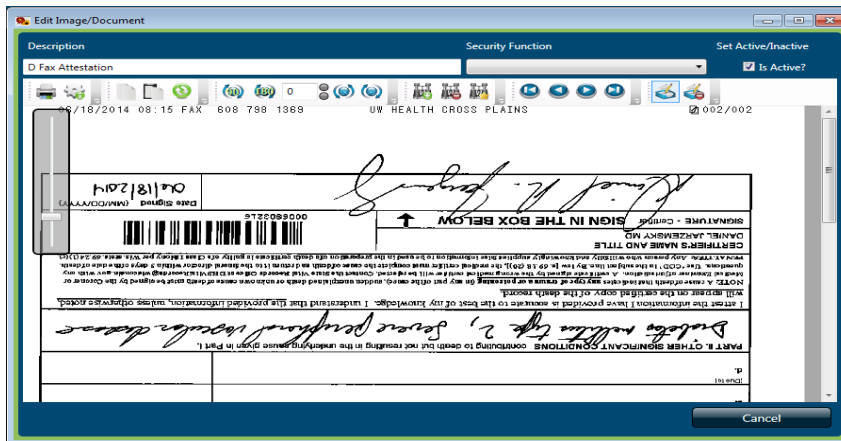


- On the Cause of Death tab enter the following medical information (as you tab through and complete the fields, the image will display the appropriate fields.):
 - ✓ Date of Death.
 - ✓ Time of Death.
 - ✓ Autopsy?
 - ✓ Did Tobacco Use Contribute to Death?

- ✓ Did Alcohol Use Contribute to Death?
- ✓ Pregnancy Status if available.
- ✓ Manner of Death.
- ✓ The Cause of Death and Approximate Interval – Onset to Death.
- ✓ Other Significant Conditions Contributing to Death.

NOTE: For more detailed information on the Cause of Death fields, go to the discussion of the Cause of Death tab.

NOTE: If the faxed image appears upside down, return to the Actions menu and select “Display Image/Document” and print document.




NOTE: See Option 1 above for details for completing the record from the printed document from “Display Image/Document.”

- Funeral Director verifies the signature of the Medical Certifier.
 - ✓ Click on the Signatures tab.
 - ✓ Enter “Y” in the “Medical Information Complete” field. The “Completed Date” and “Completed By” fields will be automatically filled.
 - ✓ Enter “Y” in the “Certifier Signed” field. The “Full Name of Certifier” field will be automatically filled. The “Date Signed” must be completed by the Funeral Director. The date must be the date that the Certifier signed.

NOTE: The “Date Signed” will be filled with the current date but the Funeral Director will need to enter the date the Certifier actually signed the Fax Attestation.

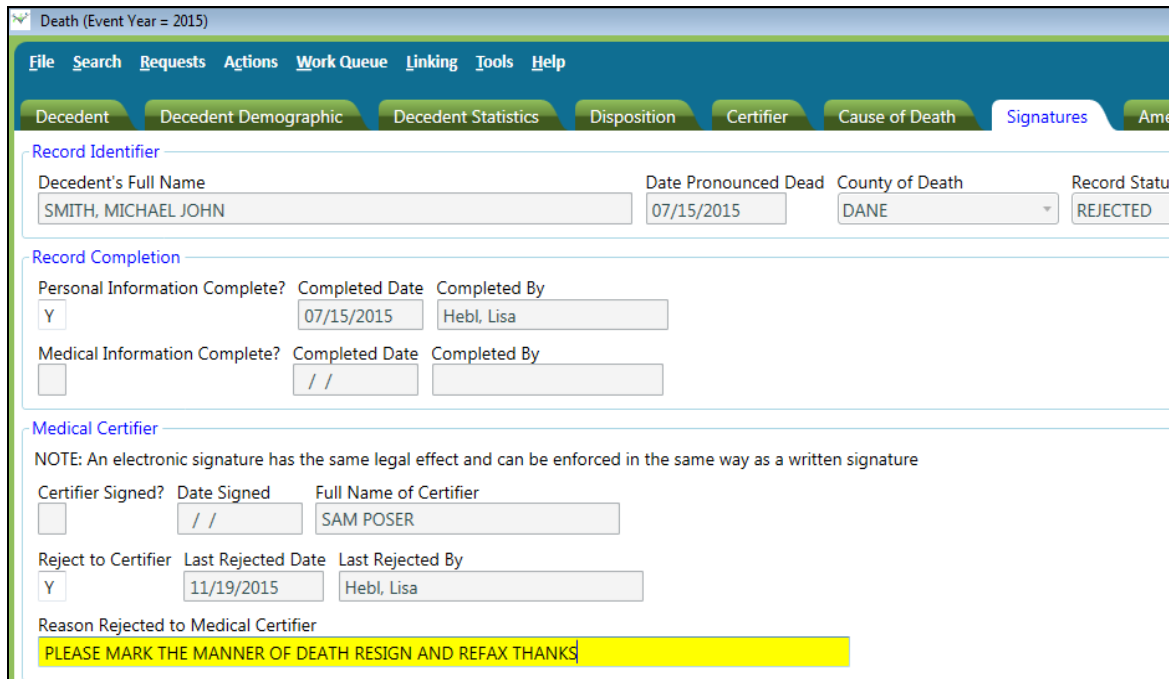
✓ Enter the date in the “Date Signed” field if not the correct date.

- Close the fax preview window
- Enter “Y” in the “FD Signed” field. The “Date Signed” and the “Funeral Director Name” fields will be automatically filled.
- System auto-saves the record. 

A completed courtesy copy will be automatically sent to the Medical Certifier after the Funeral Director signs the record. See the Resending Courtesy Copy section below if you need to send additional copies.

Rejecting Fax Attestation


The Funeral Director can reject a Fax Attestation back to the Medical Certifier for various reasons. For example, the cause of death is illegible. The Fax Attestation form will be resent to the Medical Certifier with a notation entered by the Funeral Director why the fax is being rejected.



The screenshot shows a web application interface for a death record. The title bar indicates "Death (Event Year = 2015)". The navigation menu includes "File", "Search", "Requests", "Actions", "Work Queue", "Linking", "Tools", and "Help". The "Signatures" tab is selected, showing the following fields:

- Record Identifier:** Decedent's Full Name (SMITH, MICHAEL JOHN), Date Pronounced Dead (07/15/2015), County of Death (DANE), Record Status (REJECTED).
- Record Completion:** Personal Information Complete? (Y), Completed Date (07/15/2015), Completed By (Hebl, Lisa); Medical Information Complete? (), Completed Date (/ /), Completed By ().
- Medical Certifier:** NOTE: An electronic signature has the same legal effect and can be enforced in the same way as a written signature. Certifier Signed? (), Date Signed (/ /), Full Name of Certifier (SAM POSER).
- Reject to Certifier:** (Y), Last Rejected Date (11/19/2015), Last Rejected By (Hebl, Lisa).
- Reason Rejected to Medical Certifier:** PLEASE MARK THE MANNER OF DEATH RESIGN AND REFAX THANKS

- To reject a Fax Attestation back to the Medical Certifier.
 - ✓ Open the desired death record.
 - ✓ Click on the Signatures tab.
 - ✓ Enter “Y” in “Reject to Certifier” field. The “Last Rejected Date” and the “Last Rejected By” will be automatically filled.

- ✓ Enter the reason rejected in the “Reason Rejected to Medical Certifier” field.
- ✓ Save the record. 
- ✓ Click on the Requests menu.
- ✓ Select “Faxes.”
- ✓ Select “D Fax Attestation.”

A print preview window of the Fax Attestation form will open. The “Reason Rejected” will be printed on the Fax Att.

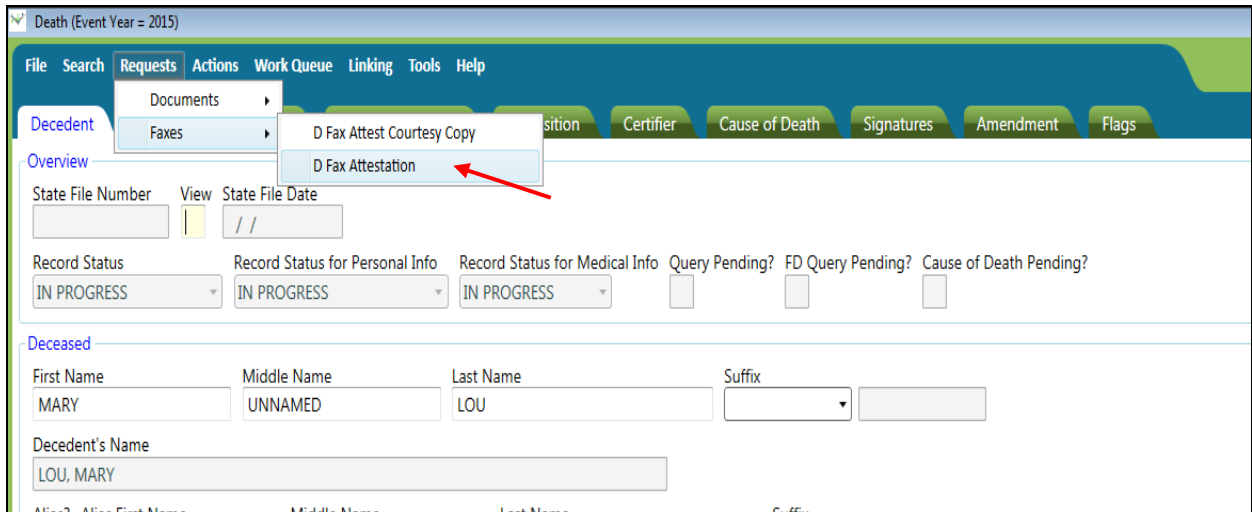
FAX ATTESTATION FOR MEDICAL CERTIFICATION					
State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office					
TO: / SAM POSER MD			TRACKING NUMBER: 1787751		
FROM: TIELLEN, JOYANNE M - GORCH AND CHAPEL FUNERAL SERVICE			DATE AND TIME SENT: 11/19/2015 12:58:20 PM		
PHONE NUMBER OF SENDER: (262) 827-0659					
This fax is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number, above left.					
<p>You have been selected as the medical certifier for the death record of WILLIAM JOSEPH ANGOVE .</p> <ul style="list-style-type: none"> Promptly complete, sign, date and fax to 1-855-864-9936. A courtesy copy of the medical certification will be faxed to you for your final review after the record is completed. 					
<p>The medical certification has been rejected. Complete and/or correct the medical certification. Reason Rejected: PLEASE MARK THE MANNER OF DEATH RESIGN AND REFAX THANKS</p>					
DECEDENT'S NAME: MICHAEL JOHN SMITH			DATE OF BIRTH: 10/21/1948		
DATE & TIME PRONOUNCED: 07/15/2015			AGE: 67 YEARS		SEX: M
PLACE OF DEATH: WELLSRING OF MILWAUKEE-MILWAUKEE, MILWAUKEE					
WI PHYSICIAN LICENSE NO. 46489	MEDICAL CERTIFIER'S MAILING ADDRESS 7235 W APPLETON AVE, STE 1		CITY MILWAUKEE	STATE WI	ZIP CODE 53216
DATE OF DEATH 11-13-2015	<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated	AUTOPSY PERFORMED?	DID TOBACCO/ALCOHOL USE CONTRIBUTE TO DEATH? (statistical use only-will not appear on certificate)		
TIME OF DEATH (0000-2359) 0800	<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOBACCO: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ALCOHOL: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		
PREGNANCY STATUS - complete only if decedent is female (statistical use only-will not appear on certificate) <input type="checkbox"/> Not pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year prior to death			<input type="checkbox"/> Pregnant at the time of death <input type="checkbox"/> Unknown if pregnant within last year		
			MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		

- ✓ To send the rejected fax, close the Print Preview window.
- ✓ The Medical Certifier will receive the fax and complete it.
- ✓ The Medical Certifier faxes the corrected form to SVRIS.
- ✓ The Funeral Director then follows Option 1 or 2 as discussed above under “Enter the worksheet information into SVRIS (Certifier is not online).”

NOTE: When rejecting a death record to a C/ME, enter a Y in the “Reject to Certifier” field, enter a reason in the “Reason Rejected to Medical Certifier” field and save the record. Do not send a Fax Att.

Resending Courtesy Copy

- To resend a courtesy copy to the Medical Certifier.
 - ✓ Open the desired death record.
 - ✓ Click on the Requests menu.
 - ✓ Select “Faxes.”
 - ✓ Select “D Fax Attest Courtesy Copy.”



Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Overview

State File Number View State File Date

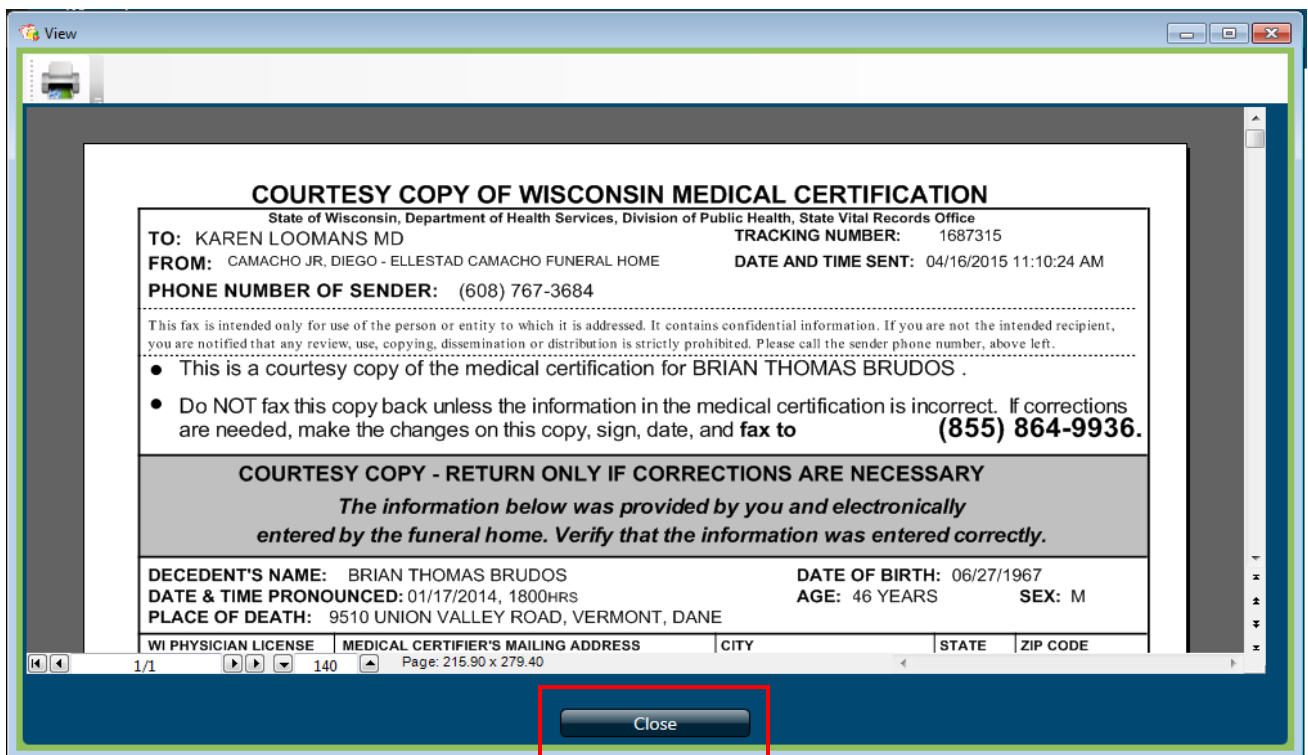
Record Status IN PROGRESS Record Status for Personal Info IN PROGRESS Record Status for Medical Info IN PROGRESS Query Pending? FD Query Pending? Cause of Death Pending?

Deceased

First Name MARY Middle Name UNNAMED Last Name LOU Suffix

Decedent's Name LOU, MARY

- ✓ A print preview window of the fax attestation form will open.



View

COURTESY COPY OF WISCONSIN MEDICAL CERTIFICATION

State of Wisconsin, Department of Health Services, Division of Public Health, State Vital Records Office

TO: KAREN LOOMANS MD **TRACKING NUMBER:** 1687315

FROM: CAMACHO JR, DIEGO - ELLESTAD CAMACHO FUNERAL HOME **DATE AND TIME SENT:** 04/16/2015 11:10:24 AM

PHONE NUMBER OF SENDER: (608) 767-3684

This fax is intended only for use of the person or entity to which it is addressed. It contains confidential information. If you are not the intended recipient, you are notified that any review, use, copying, dissemination or distribution is strictly prohibited. Please call the sender phone number, above left.

- This is a courtesy copy of the medical certification for BRIAN THOMAS BRUDOS .
- Do NOT fax this copy back unless the information in the medical certification is incorrect. If corrections are needed, make the changes on this copy, sign, date, and fax to **(855) 864-9936**.

COURTESY COPY - RETURN ONLY IF CORRECTIONS ARE NECESSARY

The information below was provided by you and electronically entered by the funeral home. Verify that the information was entered correctly.

DECEDENT'S NAME: BRIAN THOMAS BRUDOS **DATE OF BIRTH:** 06/27/1967

DATE & TIME PRONOUNCED: 01/17/2014, 1800HRS **AGE:** 46 YEARS **SEX:** M

PLACE OF DEATH: 9510 UNION VALLEY ROAD, VERMONT, DANE

WI PHYSICIAN LICENSE MEDICAL CERTIFIER'S MAILING ADDRESS CITY STATE ZIP CODE

1/1 140 Page: 215.90 x 279.40

Close



- ✓ Click the Close button and the Death Courtesy Copy will be sent

- ✓ You will receive the message as shown below confirming that the copy was sent.

The screenshot shows the Netsmart VR application window titled 'Death (Event Year = 2014)'. The interface includes a menu bar (File, Search, Requests, Actions, Work Queue, Linking, Tools, Help) and a toolbar with 'save' and 'close' buttons. Below the menu is a tabbed interface with 'Certifier', 'Cause of Death', 'Signatures', 'Amendment', and 'Flags'. The 'Certifier' tab is selected, showing sub-tabs for 'Decedent', 'Decedent Demographic', 'Decedent Statistics', and 'Disposition'. The 'Overview' section contains fields for 'State File Number' (2014002058), 'View' (a yellow button), 'State File Date' (01/21/2014), 'Record Status' (REGISTERED), 'Record Status for Personal Info' (REGISTERED), 'Record Status for Medical Info' (REGISTERED), and 'Query Pending?' (checkbox). A modal dialog box titled 'Netsmart VR' is open in the center, displaying an information icon and the text 'The fax has been successfully created.' with an 'OK' button. Below the dialog, the 'Deceased' section shows 'First Name' (BRIAN), 'Middle Name' (THOMAS), 'Suffix' (dropdown), 'Decedent's Name' (BRUDOS, BRIAN THOMAS), and 'Alias?' (N). The bottom status bar indicates 'Editing an existing event. 2014002058' with a yellow 'IMAGE PRESENT' button and '0 Alerts'.

Drop to Paper


If the Funeral Director needs to deliver paper to the Medical Certifier, the Funeral Director will follow the Fax Attestation process with the exception of the fax number.

- Enter Fax Attestation information.
 - ✓ Go to the Certifier tab.
 - ✓ Select "Other" from the dropdown list for Medical Certifier's name. Select the Certifier's name, license number, and location information
 - ✓ Enter **YOUR FUNERAL HOME fax number.**
 - ✓ Enter "Y" in "Fax Attestation Ready to Send" field.
 - ✓ Save the record. 
- Mark personal information complete.
 - ✓ Go to Signatures tab.
 - ✓ Enter "Y" in the "Personal Information Complete" field. The "Completed Date" and the "Completed By" fields will be automatically filled.
 - ✓ Save the record. 
- Send the Fax Attestation
 - ✓ Click on the Requests menu.

- ✓ Select “Faxes.”
- ✓ Select “D Fax Attestation.”

- ✓ A print preview window will open of the fax attestation form.

- ✓ To send the fax, click “Close” the Print Preview window.

- Save the record. 
- Close the death record.
- Retrieve the Fax Attestation form from the funeral home fax machine.
- Deliver the fax attestation form to the Medical Certifier.
- Medical Certifier enters cause of death information and signs the Fax Attestation form.
- Funeral Director will fax the Fax Attestation form back to the number on the form.

NOTE: *The Fax Attestation must be faxed to the number on the fax form so the fax can be attached to the electronic record. When the fax attestation is attached to the record, the cause of death fields will open to allow for entry of the information.*

- Access the death record.
 - ✓ Click on Work Queue menu - records will be in the Death Fax Att Received Work Queue
 - ✓ Select the appropriate death record from the Fax Attestation received list, open and display the record.

- Follow Options 1 or 2 as discussed above when the Certifier is not online.

SVRIS Tabs

The Funeral Director has the responsibility to complete the following tabs.

Decedent Tab

The decedent tab contains identifying information on the decedent, the pronouncement and place of death.

The Funeral Director can only complete fields that are not greyed out. The fields in the Overview paragraph are system generated and may be helpful in determining the status of the record.

First Name	<p>Enter the decedent's first name in this field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith).</p> <p>Valid characters are the 26 letters (A-Z). Acceptable punctuation includes the hyphen, space, and/or an apostrophe. If there are two or more first names, it is acceptable to put a space or a hyphen between names. If the decedent has only one name, put it in the last name field and enter "UNNAMED" in the first name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the decedent's middle name in this field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith).</p> <p>Valid characters are the 26 letters (A-Z). Acceptable punctuation includes the hyphen, space, and/or an apostrophe. If there are two or more middle names, it is acceptable to put a space or a hyphen between names. If the decedent has only one</p>

	name, put it in the last name field and enter “UNNAMED” in the middle name field. If no name has been provided, enter “UNKNOWN.” Do not leave blank.
Last Name	<p>Enter the decedent’s last name in this field. Valid characters are the 26 letters (A-Z). Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more last names, it is acceptable to put a space or a hyphen between names. If the decedent has only one name, put it in the last name field. If no name has been provided, enter “UNKNOWN.” Do not leave blank.</p>
Suffix	<p>Enter the decedent’s name suffix in this field if one has been given. If the suffix is not included in this list, select “Other” and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
Alias?	A value of “Y” indicates at least one Alias Name event exists for the record. If “Y” is entered, the following fields will open for entry. If “N” is entered, move on to the “Sex” field.
Alias First Name	Complete the decedent’s alias first name in this field. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.
Alias Middle Name	Complete the decedent’s alias middle name in this field. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.
Alias Last Name	Complete the decedent’s alias last name in this field. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space and/or an apostrophe.
Alias Suffix	<p>Complete the decedent’s alias name suffix in this field if one has been given. If the suffix is not included in this list, select “Other” and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
Sex	Enter the decedent's sex. Enter “M” for Male, “F” for Female, or “U” for Unknown.
No SSN	Check box if decedent does not have a social security number.
SSN	<p>Enter the decedent's SSN. Do not enter letters, special characters, or punctuation; only numeric values can be entered in this field.</p> <p>If the SSN is unknown, enter “999999999.” If the individual never had a SSN, check the “No SSN” field.</p>
OVS Status	See NOTE at the end of these field descriptions for more detailed information.
Date Pronounced Dead	Enter the decedent’s pronounced death date in MM/DD/YYYY format. Where MM is the month (01-12), DD is the day of the month (01-31), and YYYY is the year including the century.
Time Pronounced Dead (Military)	Enter the time that the decedent was pronounced dead. Time of death pronounced should be entered using a 24-hour clock, i.e., 0000-2359. Only numeric values can be entered.
Pronouncer Name	Enter pronouncer's full name as: first name, middle name, last name suffix (if

	<p>appropriate) and title. Valid characters are the 26 letters in the modern English alphabet A-Z. Acceptable punctuation includes the hyphen, space and/or an apostrophe.</p> <p>A title may also be entered here if different from choices in the “Pronouncer Type” dropdown field.</p>
Pronouncer Type	Select the pronouncer type. In Wisconsin, the following individuals are the only ones that can pronounce a death: a coroner, deputy coroner, medical examiner, deputy medical examiner, physician, or if the decedent is under hospice care at the time of death, a hospice RN.
Reportable to C/ME?	<p>A value of “Y” indicates this death was reportable to a Coroner/Medical Examiner (C/ME).</p> <p>A death must be reported to the C/ME if there were unexplained, unusual, or suspicious circumstances relating to the death. It must also be reported to the C/ME if the death was a homicide, suicide, a death following an abortion, a death due to poisoning, or an accidental death. Additionally, a C/ME must be notified if there was no physician or accredited practitioner of a bona fide religious denomination relying upon prayer or spiritual means for healing in attendance within 30 days preceding death. A C/ME must be notified if a physician refuses to sign the death certificate or when, after reasonable efforts, a physician cannot be obtained to sign the medical certification as required under s. 69.18(2)b or (c) within 6 days after the pronouncement of death.</p>
State of Incident	Select the state of the incident.
WI County of incident	<p>Select the county of the incident if the incident occurred in Wisconsin.</p> <p>This field should only be populated if an incident occurred in Wisconsin to this decedent prior to death that may have contributed to the death.</p>
Was hospice responsible for decedent care at the time of decedent's death?	<p>A value of “Y” indicates that the decedent was under hospice care at the time of death.</p> <p>Wisconsin defines hospice care as "an agency that provides care to terminally ill persons who have a life expectancy of 6-12 months. This care can be provided in the person's home or in another setting (e.g., nursing home, community based residential facility, hospital)."</p>
Hospice Name	Select the state-licensed hospice from the dropdown that was responsible for the decedent at the time of their death. If the hospice name is not listed, select "Other" and enter the hospice name in the next field.
Place of Death	Select the type of place where the decedent’s death was pronounced. If hospice was responsible for the care, “Hospice Facility” should only be selected when the death was pronounced at a stand-alone hospice facility. If hospice was responsible and the pronouncement did not occur at a standalone hospice facility, select the type of place where the death was pronounced (e.g., nursing home, hospital, residence).
Hospital Type	If the death occurred in a Wisconsin state-licensed hospital, a value must be reported in “Hospital Type” even when a hospice was responsible for care. Select the circumstances of the hospital death from the dropdown—e.g., DOA from Nursing Home; Pronounced Dead in ER from NH)
Facility Name	Select the facility name where the death was pronounced from this dropdown. If the facility is not listed, select "Other" and enter the facility name in the next field.

	Facility name is only available when the place of death is a hospital, nursing home, or hospice facility. For all other place of death types, no entry is required in "Facility Name." Community-Based Residential Facility (CBRF) names are not entered in SVRIS.
<i>The address fields below will only be open for entry if the place of death is Adult Family Home, Community-Based Residential Facility, OTHER, Residence of Decedent, or Residential Care Apartment Complex. The address fields are populated automatically for Hospitals, Hospices, and Nursing Homes.</i>	
State	State is defaulted to WI and cannot be changed.
County	Enter the county where the death was pronounced. This must be the physical county location and not a mailing county. NOTE: This field is auto-populated and disabled when the place of death is a hospital, nursing home, or hospice facility.
City, Village, or Township	Enter the city, village, or township where the death was pronounced. This must be the physical location and not a mailing city, village, or township. NOTE: This field is auto-populated and disabled when the place of death is a hospital, nursing home, or hospice facility.
City, Village, or Village Indicator (CVT)	Enter "C" for city if the location where death was pronounced is a city. Enter "V" for village if the location where death was pronounced is a village. Enter "T" for township if the location where death was pronounced is a township. This must be the physical location and not a mailing CVT indicator. If the informant is uncertain if the location of death is a city, village, or township, check the Vital Records City, Village, or Township listing at http://dhs.wisconsin.gov/vitalrecords/pdf/cvtlist.pdf . NOTE: This field is auto-populated and disabled when the place of death is a hospital, nursing home, or hospice facility.
Street Address	Enter the street address of the location where death was pronounced. This must be the physical location and not a mailing address. If a street address is not available, enter the geographic location where death was pronounced. NOTE: This field is auto-populated and disabled when the Place of Death is hospital, nursing home, or hospice facility.
Apartment Number Designator	If applicable, select the type of apartment number designator (e.g., room, suite, apt.) for the place where death was pronounced. NOTE: If apartment designator is indicated, apartment number is required.
Apartment Number	If applicable, select the apartment number for the place where death was pronounced.
Zip Code	Enter the zip code of the location where the death was pronounced. The zip code, while used primarily for mailing purposes, is part of the national standard for death data collection. The zip code will not necessarily match the city, village, or township of the physical place where the death was pronounced.

NOTE: OVS Status

Social Security numbers are verified in SVRIS using a process called OVS (On-line Verification System). This process allows a Funeral Director to verify whether or not the information in the death record matches the information at the Social Security Administration (SSA). The OVS verification happens generally within seconds; however, the Funeral Director may have to close the record and re-open it to see the message of "PASS" or "FAIL" in the OVS Status field on the Decedent tab in SVRIS. Whenever the information does not match, the OVS Status field on the death record in SVRIS will display a "FAIL" message (e.g., FAILNAME, FAILDOB). If the status is anything other than "PASS," the Funeral Home needs to notify the local SSA office using the form SSA-721. (This is the form Funeral Homes used prior to SVRIS.) If the OVS Status field is "PASS," the Funeral Home does not need to notify SSA. OVS only verifies whether or not a match is found. OVS does not mark the SSA record as deceased.

*The State Vital Records Office (SVRO) sends a daily electronic death record export to SSA that contains all of the **registered** (assigned a state file number) records from the previous day. SSA does mark the SSA record as deceased when SSA receives the file from the SVRO. However, SSA has a set time when Social Security checks are printed. If the death record is received by SSA after this set time, the family will receive the Social Security check for the deceased even though SSA knows the individual is deceased. This is not something that SSA can change. **The important thing to remember is that SSA does not get the notice of the death until the record is registered.** So if it takes some weeks to get the record registered, this could also cause SSA to continue to issue checks.*

SSA has requested that we instruct funeral homes to tell families to contact SSA directly if they receive a check from SSA after the death of a family member. Not only does this allow SSA to instruct the family on what to do with the check, but it also has an added benefit of allowing SSA to talk to the family about potential survivor benefits. The local field offices are never notified of deaths that are confirmed electronically. They are notified only when the paper form SSA-721 is sent. Only the national SSA office is notified because that is where the checks are issued.

With any automated process, there might be cases that do not process correctly and Funeral Homes may receive requests to provide the SSA-721. We ask that Funeral Homes assist the local field offices so that we can all continue to deliver professional service to the families of the deceased. Also, Funeral Homes can help families by distributing the last two pages of the SSA-721 to them as the decedent's information is being collected. These pages provide valuable information about potential benefits that may be payable to families and how to apply for these benefits.

Decedent Demographic Tab

The Funeral Director can only complete fields that are not greyed out. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death Signatures Amendment Flags

Record Identifier

Decedent's Full Name: SMITH, MICHAEL JOHN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Decedent Birth Info

Decedent Birth Last Name: SMITH Date of Birth: 01/08/1970 Age Unit: YEARS Age at Death: 045

Country of Birth: UNITED STATES State/Province/Territory of Birth: WISCONSIN

Father's Birth First Name: MATTHEW Birth Middle Name: JOHN Birth Last Name: SMITH Suffix:

Mother's Birth First Name: MARTHA Birth Middle Name: JEAN Birth Last Name: SMYTH Suffix:

Check if same-sex parents: ☐

Decedent Residence

Country: UNITED STATES State/Province/Territory: WISCONSIN County: DANE

City, Village, or Township: MADISON City, Village, or Township Indicator (C/V/T): C

Was Decedent Homeless?: N

Street Address: 1 S MAIN ST Apartment Number Designator: Apartment Number: Zip Code: 53567

Relationship Status

Marital Status: DIVORCED

Spouse Birth First Name: Birth Middle Name: Birth Last Name: Birth Suffix:

WI Domestic Partnership?: N

Partner Birth First Name: Birth Middle Name: Birth Last Name: Birth Suffix:

Informant

Relationship to Decedent: MOTHER

Informant First Name: MARTHA Middle Name: JEAN Last Name: SMITH Suffix:

☒ Informant Mailing Address Same as Decedent Residence Address

Country: UNITED STATES State: WISCONSIN Mailing City, Village, or Township: MADISON

Mailing Address: 1 S MAIN ST Apartment Number Designator: Apartment Number: Zip Code: 53567

Editing an existing event. 0 Alerts:

Decedent Birth Last Name

Enter the decedent's last name at birth in the "Decedent's Birth Last Name" field.

Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe. If there are two or more last names, it is acceptable to put a space or a hyphen between names. If the decedent has only one name, put it in the last name field. If no name has been

	provided, enter "UNKNOWN." Do not leave blank.
Date of Birth	<p>Enter the decedent's date of birth in MM/DD/YYYY format. Where MM is the month (01-12), DD is the day of the month (01-31), and YYYY is the year including the century.</p> <p>If unknown, enter "99/99/9999." If a portion of the date is unknown, enter "9" for any unknown portion.</p>
Age at Death	Enter the decedent's age at death.
Age Unit	Select the decedent's age unit (e.g., minutes, hours, days, years) from the dropdown list.
Country of Birth	<p>Select the geographic location of the decedent's country of birth from the dropdown list. Complete this field only if the decedent was born outside of the United States of America or its territories.</p> <p>If decedent's birthplace is a country that no longer exists, do not select the current country. Enter the actual country that existed at the time of their birth. If the country does not appear in the dropdown list, select "Other" and enter the actual country of birth.</p>
State/Province/ Territory of Birth	<p>Select the geographic location of the decedent's U.S. State or U.S. Territory of birth from the dropdown list. Complete this item if the decedent was born in a U.S. State or U.S. Territory.</p> <p>NOTE: If the decedent was not born in the United States, Canada, or a U.S. territory, this field is disabled and no value is required.</p> <p>U.S. Territories include Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Federated State of Micronesia, Marshall Islands, Northern Marianas, and Palau. Canadian Provinces include Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon Territory.</p> <p>Do not complete this item if the decedent was born in a foreign country.</p>
Father's Birth First Name	<p>Enter the decedent father's first name in the first name field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more first names, it is acceptable to put a space or a hyphen between names. If the decedent's father has only one name, enter it in the last name field and enter "UNNAMED" in the first name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the decedent's father's middle name in the middle name field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or a hyphen between names. If the decedent's father has only one name, enter it in the last name field and enter "UNNAMED" in the middle name field. If no name has been provided, enter "UNKNOWN." Do not leave blank .</p>
Last Name	Enter the decedent father's last name in the last name field. Valid characters are

	<p>the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space and/or an apostrophe.</p> <p>If there are two or more last names, it is acceptable to put a space or a hyphen between names. If the decedent's father has only one name, enter it in the last name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Suffix	<p>Enter the decedent's name suffix in this field if one has been given. If the suffix is not included in this list, select "Other" and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
Mother's Birth First Name	<p>Enter the decedent's mother's first name in the first name field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more first names, it is acceptable to put a space or a hyphen between names. If the decedent's mother has only one name, put it in the last name field and enter "UNNAMED" in the first name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the decedent's mother's middle name in the middle name field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or a hyphen between names. If the decedent's mother has only one name, enter it in the last name field and enter "UNNAMED" in the middle name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Last Name	<p>Enter the decedent mother's last name in the last name field. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or a hyphen between names. If the decedent's mother has only one name, enter it in the last name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Suffix	<p>Enter the decedent's name suffix in this field if one has been given. If the suffix is not included in this list, select "Other" and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
Check if same sex parents	<p>Check this box if the decedent's parents were the same sex.</p> <p>For a certified copy, the "father" and "mother" labels will print as "parent" and "parent."</p>
Decedent's Residence Country	<p>Select the country where the decedent resided at the time the death was pronounced. This field is defaulted to United States but can be changed if the</p>

	<p>decedent did not reside in the United States.</p>
<p>State/Province/ Territory</p>	<p>Select the state, province, or U.S. territory where the decedent resided at the time the death was pronounced.</p> <p>NOTE: If the decedent did not reside in the United States, Canada, or a U. S. territory, this field is disabled and no value is required.</p> <p>U.S. Territories include Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Federated State of Micronesia, Marshall Islands, Northern Marianas, and Palau. Canadian Provinces include Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon Territory.</p> <p>Do not complete this item if the decedent resided in a foreign country.</p>
<p>County</p>	<p>Select the county where the decedent resided at the time the death was pronounced. This must be the physical location and not a mailing address county. The residence address may or may not be the same as the mailing address. The decedent's residence is where they voted and/or paid taxes.</p> <p>NOTE: If the decedent did not reside in a U.S. state, this field is disabled and no value is required.</p>
<p>City, Village, or Township</p>	<p>Select the city, village, or township where the decedent resided at the time the death was pronounced. This must be the physical location and not a mailing address city. The decedent's residence is where they voted and/or paid taxes. If the decedent resided in an unincorporated place, put the township.</p> <p>NOTE: If the decedent did not reside in a U.S. state, this field is disabled and no value is required.</p> <p>If the informant is uncertain if the location of death is a city, village, or township, check the Vital Records City, Village or Township listing at http://dhs.wisconsin.gov/vitalrecords/pdf/cvtlist.pdf.</p>
<p>City, Village, or Township Indicator (C/V/T)</p>	<p>Enter "C" for city if the location where the decedent resided is a city.</p> <p>Enter "V" for village if the location where the decedent resided is a village.</p> <p>Enter "T" for township if the location where the decedent resided is a township.</p> <p>This must be the physical location and not a mailing CVT indicator.</p> <p>NOTE: This field is auto-populated and disabled when the place of death is a hospital, nursing home, or hospice facility.</p> <p>For a list of valid Cities, Villages, and Townships, check the Vital Records City, Village, Township listing at http://dhs.wisconsin.gov/vitalrecords/pdf/cvtlist.pdf.</p>
<p>Was Decedent Homeless?</p>	<p>Enter an "N" for no or a "Y" for yes. If "Y" is entered, the Street Address field will be auto populated with "UNKNOWN" and disabled.</p>
<p>Street Address</p>	<p>Enter the street address of the physical location where the decedent resided at the time the death was pronounced. This must be the physical location and not a mailing address.</p> <p>Do not include Rural Route numbers or P.O. Boxes. Residence address is where the decedent physically resided. The decedent's residence address may or may not be</p>

	<p>the same as the mailing address. If the informant is unsure of the decedent's address, it is where the decedent voted or where they paid property taxes.</p> <p>Do not report temporary residences such as on a visit, business trip, or vacation. Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.</p> <p>For decedents who live in a group home, mental health facility, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.</p> <p>For a homeless decedent, enter all of the address that is known. For example, a homeless decedent may only have a city, county, and state entered.</p> <p>Enter "UNKNOWN" if the informant refused to provide residence information or if they do not know the decedent's address. "UNKNOWN" must be the first and only entry in the decedent's address field.</p>
Apartment Number Designator	<p>If applicable, select the type of designator (e.g., room, suite, apt.) that should be included with the residence address.</p> <p>NOTE: If apartment designator is indicated, apartment number is required.</p>
Apartment Number	<p>If applicable, enter the apartment number that should be included with the residence address.</p>
Zip Code	<p>Enter the zip code of the residence address.</p> <p>The zip code, while used primarily for mailing purposes, is part of the national standard for death data collection.</p> <p>The zip code will not necessarily match the city, village, or township of the decedent's physical place of residence.</p>
Marital Status	<p>Select the decedent's marital status at the time of death from the dropdown list.</p>
Spouse Birth First Name	<p>Enter the decedent's spouse's first name in this field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more first names, it is acceptable to put a space or a hyphen between names. If only one name, put it in the last name field and enter "UNNAMED" in the first name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the decedent's spouse's middle name in this field. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or hyphen between names. If they have been given only one name, put it in the last name field and enter "UNNAMED" in the middle name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Last Name	<p>Enter the decedent's spouse's birth last name in this field. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p>

	<p>If two or more last names, it is acceptable to put a space or hyphen between names. If only one name, put it in the last name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Suffix	<p>Enter the decedent's name suffix in this field if one has been given. If the suffix is not included in this list, select "Other" and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
WI Domestic Partnership	<p>Check this box if the decedent was in a domestic partnership that was registered in Wisconsin.</p>
Partner Birth First Name	<p>Enter the decedent's domestic partner's first name in this field if the domestic partnership was registered in Wisconsin. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more first names, it is acceptable to put a space or a hyphen between names. If only one name, put it in the last name field and enter "UNNAMED" in the first name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the decedent's domestic partner's middle name in this field if the domestic partnership was registered in Wisconsin. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or hyphen between names. If they have been given only one name, put it in the last name field and enter "UNNAMED" in the middle name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Last Name	<p>Enter the decedent's domestic partner's birth last name in this field if the domestic partnership was registered in Wisconsin. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If two or more last names, it is acceptable to put a space or hyphen between names. If only one name, put it in the last name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Suffix	<p>Enter the decedent's name suffix in this field if one has been given. If the suffix is not included in this list, select "Other" and enter the suffix. Valid suffixes consist of characters between A and Z. Examples included: Jr., II, V, etc.</p> <p>Do not include credentials like MD, PhD, or prefixes like Mrs, Ms, etc. Suffixes must be represented with roman numerals (I, II, III, etc.) and cannot be represented with numbers (1st, 2nd, etc.) or punctuation.</p>
Relationship to Decedent	<p>Select the relationship of the informant to the decedent. This is the individual who is providing information to the Funeral Director. If the informant's relationship to the decedent is unknown, select "Other."</p>
Informant First Name	<p>Enter the first name of the person who supplied the personal facts about the</p>

	<p>decedent and his/her family. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole (Nicky) Ann Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more first names, it is acceptable to put a space or a hyphen between names. If only one name, put it in the last name field and enter "UNNAMED" in the first name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Middle Name	<p>Enter the middle name of the person who supplied the personal facts about the decedent and his/her family. Entries of "also known as" or the addition of potential nicknames are not acceptable (e.g., Nicole Ann (Annie) Smith). Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If there are two or more middle names, it is acceptable to put a space or hyphen between names. If they have been given only one name, put it in the last name field and enter "UNNAMED" in the middle name field. If no name is provided, enter "UNKNOWN." Do not leave blank.</p>
Last Name	<p>Enter the last name of the person who supplied the personal facts about the decedent and his/her family. Valid characters are the 26 letters in the modern English alphabet. Acceptable punctuation includes the hyphen, space, and/or an apostrophe.</p> <p>If two or more last names, it is acceptable to put a space or hyphen between names. If only one name, put it in the last name field. If no name has been provided, enter "UNKNOWN." Do not leave blank.</p>
Suffix	Select the informant's legal name suffix in this field only if one has been given.
Informant Address Same as Decedent Residence Address	<p>Only select the check box if the informant's mailing address is the same as the decedent's residence address. If the informant and the decedent resided together, the mailing address is not necessarily the same as the decedent's residence address. If the check box is selected, the decedent's residence information will be copied to the informant's mailing address including the Mailing City, Village, or Township. If the entire address is the same with the exception of the city, village, or township, do NOT select the check box but rather manually enter the informant's address information.</p>
Country	<p>Select the country for the informant's mailing address. This field is defaulted to United States but can be changed if the informant does not receive mail in the United States.</p> <p>NOTE: If a country other than the United States or Canada is selected, no other address information is required and the fields will be blank and disabled. If Canada is selected, the state is required but the rest of the address will be blank.</p>
State	Select the state for the informant's mailing address if country is United States or Canada.
Mailing City, Village, or Township	Select the mailing city, village, or township for the informant's mailing address if in the United States.
Mailing Address	<p>Enter the informant's mailing address if in the United States. Enter "UNKNOWN" if the informant refused to provide mailing address information or if it is unknown. "UNKNOWN" must be the first and only entry in the informant's mailing address.</p>
Apartment Number	If applicable, select the type of apartment number designator (e.g., room, suite,

Designator	apt.) that should be included with the informant's mailing address. NOTE: if apartment designator is indicated, apartment number is required.
Apartment Number	If applicable, enter the apartment number that should be included with the informant's mailing address.
Zip Code	Enter the zip code of the informant's mailing address.

Decedent Statistics Tab

The Funeral Director can only complete fields that are not greyed out. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic **Decedent Statistics** Disposition Certifier Cause of Death Signatures Amendment Flags

Record Identifier

Decedent's Full Name: SMITH, MICHAEL JOHN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Hispanic Origin

☒ Not Spanish/Hispanic/Latina(o) ☐ Other

☐ Mexican, Mexican American or Chicana(o) Other, Specify literal:

☐ Puerto Rican ☐ Unknown

☐ Cuban

Race

☒ White ☐ Black or African American ☐ American Indian or Alaskan Native

☐ Korean ☐ Vietnamese ☐ Laotian ☐ Hmong ☐ Other Asian

☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

Specify: Specify: Specify:

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese

☐ Native Hawaiian ☐ Other ☐ Unknown

Education

Education: HIGH SCHOOL GRADUATE OR GED COMPLETED

Occupation

Usual Occupation (do not use retired): SUBWAY WORKER

Kind of Business or Industry: SAVINGS INSTITUTIONS

Was the decedent ever in the US Armed Forces? N

Tribal Member

Tribal Member? N Specify Tribe 1: Specify Tribe 2:

Editing an existing event. 0 Alerts:

Not Spanish/Hispanic/Latina(o)	Check here if the decedent was not of Spanish/Hispanic/Latina(o) Origin. Multiple Hispanic origins may be indicated. Not of Spanish/Hispanic/Latina(o) Origin or of Spanish/Hispanic/Latina(o) Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be reported separately. All Hispanic Origin fields will be disabled if the check box on this field is indicated.
Mexican, Mexican American, Chicana(o)	Check here if informant indicated the decedent was of Mexican, Mexican American, Chicana/Chicano Origin. Multiple Hispanic origins may be indicated. Hispanic Origin is not considered a race for the purposes of the death

	certificate data collection. Race must be listed separately.
Puerto Rican	<p>Check here if informant indicated the decedent was of Puerto Rican origin. Multiple Hispanic origins may be indicated.</p> <p>Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be listed separately.</p>
Cuban	<p>Check here if informant indicated the decedent was of Cuban origin. Multiple Hispanic origins may be indicated.</p> <p>Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be listed separately.</p>
Other	<p>Check here if informant indicated the decedent was of a Hispanic origin that is not previously listed. Multiple Hispanic origins may be indicated.</p> <p>Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be listed separately.</p>
Other, specify literal	<p>Enter the Hispanic Origin indicated by the informant that was not previously listed. This item must be completed if Other Spanish/Hispanic/Latina(o) is indicated.</p> <p>Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be listed separately.</p>
Unknown	<p>Check here if informant indicated it is unknown if the decedent was of Hispanic origin. Decedent of Hispanic Origin Unknown cannot be indicated if any of the other categories have been indicated.</p> <p>Hispanic Origin is not considered a race for the purposes of the death certificate data collection. Race must be listed separately.</p>
White	Check this box if informant indicated the decedent was white. Multiple races may be indicated. At least one race or unknown must be selected.
Black or African American	Check this box if informant indicated the decedent was African American/Black. Multiple races may be indicated. At least one race or unknown must be selected.
American Indian or Alaskan Native	Check this box if informant indicated the decedent was American Indian or Alaska Native. Multiple races may be indicated. At least one race or unknown must be selected.
Specify:	Select the decedent's American Indian or Alaska Native tribe. Up to two American Indian or Alaska Native tribes can be indicated. Use only the first specify field if only one tribe is indicated.
Specify:	Select the decedent's American Indian or Alaska Native tribe. Up to two American Indian or Alaska Native tribes can be indicated. Only use the first specify field if only one tribe is indicated.
Asian Indian	Check this box if informant indicated the decedent was Asian Indian. Multiple races may be indicated. At least one race or unknown must be selected.
Chinese	Check this box if informant indicated the decedent was Chinese. Multiple races may be indicated. At least one race or unknown must be selected.
Filipino	Check this box if decedent was Filipino. Multiple races may be indicated. At least one race or unknown must be selected.

Japanese	Check this box if decedent was Japanese. Multiple races may be indicated. At least one race or unknown must be selected.
Korean	Check this box if the informant indicated the decedent was Korean. Multiple races may be indicated. At least one race or unknown must be selected.
Vietnamese	Check this box if informant indicated the decedent was Vietnamese. Multiple races may be indicated. At least one race or unknown must be selected.
Laotian	Check this box if the informant indicated the decedent was Laotian. Multiple races may be indicated. At least one race or unknown must be selected.
Hmong	Check this box if decedent was Hmong. Multiple races may be indicated. At least one race or unknown must be selected.
Other Asian	Check this box if the informant indicated the decedent was an Asian race not listed previously. Multiple races may be indicated. At least one race or unknown must be selected.
Specify:	Enter decedent's other Asian race. Up to two other Asian races can be indicated. Use only the first specify field if only one "Other Asian" race is indicated.
Specify:	Enter decedent's other Asian race. Up to two other Asian races can be indicated. Use only the first specify field if only one "Other Asian" race is indicated.. This field should be blank if decedent indicates only one other Asian race.
Native Hawaiian	Check this box if decedent was Native Hawaiian. Multiple races may be indicated. At least one race or unknown must be selected.
Guamanian or Chamorro	Check this box if decedent was Guamanian or Chamorro. Multiple races may be indicated. At least one race or unknown must be selected.
Samoa	Check this box if informant indicated the decedent was Samoan. Multiple races may be indicated. At least one race or unknown must be selected.
Other Pacific Islander	Check this box if the informant indicated that the decedent was "Other Pacific Islander." Multiple races may be indicated. At least one race or unknown must be selected.
Specify:	Enter decedent's other Pacific Islander race. Up to two other Pacific Islander races can be indicated. Use only the first specify field if only one "Other Pacific Islander" race is indicated.
Specify:	Enter decedent's other Pacific Islander race. Up to two other Pacific Islander races can be indicated. Use only the first specify field if only one "Other Pacific Islander" race is indicated.
Other	Check this box if informant indicated the decedent was another race. Multiple races may be indicated. At least one race or unknown must be selected.
Specify:	Enter decedent's other race. Up to two other races can be indicated. Use only the first specify field if only one "Other" race is indicated.
Specify:	Enter decedent's other race. Up to two other races can be indicated. Use only the first specify field if only one "Other" race is indicated.
Unknown	Check this box if informant does not know the decedent's race. If Decedent's Race Unknown check box is indicated, all other race fields will

	be unavailable.
Education	The highest degree or level of schooling completed by the decedent at the time of death. The decedent's education should be reasonable for their age. For example: a 15-year old decedent with a PhD. While this may be possible, it is unlikely.
Usual Occupation (do not use "Retired")	<p>Enter the decedent's usual occupation. This is not necessarily the decedent's last occupation. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claims adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. DO NOT ENTER "RETIRED." Do not use acronyms (e.g., C. P. A., R. N.) If the decedent was a homemaker at the time of death but had worked outside the household during most of his/her working life, enter that occupation. If the decedent was a homemaker during most of his/her working life, and never worked outside the household, enter "Homemaker." Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his/her working life. If unemployable due to physical or mental condition, enter "Never worked."</p> <p>If the occupation supplied by the informant is not in the dropdown, enter or select the word "OTHER" in the dropdown and enter the value specified by the informant in the field following the dropdown.</p>
Kind of Business or Industry	<p>Enter the kind of business or industry that the occupation listed is related to, such as insurance, farming, coal mining, hardware store, retail clothing, university, or state government. DO NOT ENTER FIRM OR ORGANIZATIONAL NAMES. Do not use acronyms (e.g., H. M. O.). If the decedent was a homemaker during his/her working life, and "Homemaker" is entered as the decedent's usual occupation in item 32, enter "Own home" or "someone else's home," whichever is appropriate. If the decedent was a student at the time of death and "Student" is entered as the decedent's occupation, enter the type of school, such as high school or college, for the kind of business or industry. If unemployable due to physical or mental condition, enter: "Never Worked."</p> <p>If the business or industry supplied by the informant is not in the dropdown, enter or select the word "OTHER" in the dropdown and enter the value specified by the informant in the field following the dropdown.</p>
Was the decedent ever in the US Armed Forces?	Enter "Y" if the decedent was in any branch of the United States Armed Forces, including the National Guard or Reserves. Enter "N" if the decedent was not in any branch of the United States Armed Forces. If the informant does not know the decedent's service status, enter "U" for unknown. Do not leave this item blank.
Tribal Member?	If the decedent was a member of a tribal organization and the informant wishes to provide that information, enter "Y."
Specify Tribe 1	Specify the name of the tribe. If the decedent was a tribal member by marriage only, list the tribe. In that case, the decedent's selected race will not necessarily include American Indian.
Specify Tribe 2	Specify the name of the tribe. If the decedent was a tribal member by marriage only, list the tribe. In that case, the decedent's selected race will not necessarily include American Indian.

Disposition Tab

The Funeral Director can only complete fields that are not greyed out. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Method of Disposition	<p>Select method of disposition of the decedent's body. The response reflects the wishes of the next of kin or informant. If the body is to be used by a medical school for scientific or educational purposes, select "Donation" and specify the name and location of the institution in the "Place of Disposition" field. "Donation" refers only to the entire body, not to individual organs. If "Other, Specify" is selected, enter the method of disposition on the line provided.</p> <p>Do not report a donation to a medical school as a cremation, even though you must obtain a cremation release for this method of disposition. Disposition in lawn crypt is to be reported as a burial.</p>
Cremation County	Select the county of cremation.
Place of Disposition	Enter place of disposition, such as the cemetery name, crematory name, or other location name where the remains or cremains are placed. Enter the name of the crematory only if the cremains are given to the family

	and no interment/entombment has been established. If donation, enter the name of the medical school. If the body is removed from the state, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed.
Country	The geographic location of the country where the place of disposition is located.
State/Province/Territory	The geographic location of the state where the place of disposition is located.
City, Village, or Township	Enter the City, Village, or Township where the place of disposition is located. If the internment occurs in an unincorporated place, check the Vital Records City, Village or Township listing at http://dhs.wisconsin.gov/vitalrecords/pdf/cvtlist.pdf .
Funeral Director Name	Enter the name of the Funeral Director responsible for handling the body prior to burial or other disposition. If the family is in charge of the burial, enter the family member's name that is responsible for the disposition. This is the Funeral Director that will appear on the certified copy of the death certificate. If the Coroner or Medical Examiner will be acting as the Funeral Director, contact the State Vital Records Office for instructions on how to complete this death record.
Trade Call Involved	Check the box if there is a trade call involved with this death event.
Trade Call Funeral Home Name	Select the name of the trade call Funeral Home from the dropdown list. This Funeral Home will have "view only" access to this record through SVRIS for the purpose of verifying the death record got filed. The trade call Funeral Home's information will NOT print on the death certificate. If the Funeral Home is not listed in the dropdown, select 'Other' and enter the Funeral Home's information. This Funeral Home will not have access to this record through SVRIS as they are not licensed in WI.
Phone Number	Enter the telephone number of the trade call Funeral Home. Use numbers 0-9 only. Do not use punctuation, letters, or special characters.
State	Enter the mailing address state of the trade call Funeral Home responsible for handling the body prior to burial or other disposition.
City, Village, or Township	Enter the mailing address city of the trade call Funeral Home responsible for handling the body prior to burial or other disposition.
Mailing Address	Enter the street address of the trade call Funeral Home responsible for handling the body prior to burial or other disposition.
Apartment Number Designator	If applicable, select the apartment number designator (e.g., room, suite, apt.) for the trade call Funeral Home address. This is the Funeral Home that is responsible for handling the body prior to burial or other disposition. NOTE: If apartment designator is indicated, apartment number is required.
Apartment Number	If applicable, enter the apartment number for the trade call Funeral Home address. This is the Funeral Home that is responsible for handling the body prior to burial or other disposition.
Zip Code	Enter the mailing address zip code of the trade call Funeral Home

	responsible for handling the body prior to burial or other disposition.
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Certifier Tab

The Funeral Director can only complete fields that are not greyed out. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition **Certifier** Cause of Death Signatures Amendment Flags

Record Identifier

Decedent's Full Name: ANDERSON, POLLY JEAN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Assigned To

Certifier Type: PHYSICIAN

Certifier's Name: OTHER SMITH, SAM

Paper, Fax or Electronic? F County:

Certifier

Certifier's Last Name: SMITH First Name: SAM Title: MD License Number / CME Code: 23889

State: WI City, Village, or Township: MADISON

Mailing Address: 4098 SUNNY LANE Apartment Number Designator: Apartment Number: Zip Code: 23434

Phone: Fax: (608)398-9389

Fax Attestation

Fax Attestation Ready to Send? Y Attestation Status: Attestation Date: / / Physician Signature Received? Courtesy Copy Sent?

Certifier Type	Select the Certifier type from the dropdown. The values in the dropdown are Coroner/Medical Examiner and Physician.
Certifier's Name	<p>Select the Certifier's name from the dropdown. The fields in the "Certifier" paragraph will be auto-populated.</p> <p>If the Certifier is not in the dropdown list, enter "Other" and type the Certifier's full name in the box to the right. If the Certifier is not listed in the dropdown, select the "OTHER" that puts an "F" in the "Paper, Fax or Electronic" field just below the "Certifier's Name" field. Enter the FULL name of the certifier. For example, enter MARK P JONES or JONES, MARK P. DO NOT enter DR JONES or JONES MD.</p>
Paper, Fax or Electronic?	This field is auto-populated with "P" for paper, "F" for fax, "E" for electronic based on the selection in the "Certifier's Name" field.
County	The field is auto-populated with the Certifier's county of jurisdiction.
Certifier's Last Name	Enter the Certifier's full last name.

First Name	Enter the Certifier's full first name.
Title	Select the Certifier's title from the dropdown. The values in the dropdown are "DO" and "MD."
License Number / CME Code	<p>Enter the license number issued by the State of WI. Physician license numbers can be obtained through searching on the Department of Safety and Professional Services website under "Health/Business Individual Credential/License Search": https://online.drl.wi.gov/LicenseLookup/IndividualCredentialSearch.aspx</p> <p>NOTE: If the physician is a VA (Veteran's Affairs) doctor, enter "VA" in the License Number/CME Code field.</p>
State	Enter the Certifier's mailing address State.
City, Village, or Township	Enter the Certifier's mailing address City, Village, or Township.
Mailing Address	Enter the Certifier's mailing address.
Apartment Number Designator	<p>If applicable, select the apartment number designator (e.g., room, suite, apt.) that should be included with the Certifier's mailing address.</p> <p>NOTE: If apartment designator is indicated, apartment number is required.</p>
Apartment Number	If applicable, enter the apartment number that should be included with the Certifier's mailing address.
Zip Code	Enter the Certifier's mailing address zip code.
Phone	Enter the Certifier's phone number.
Fax	Enter the Certifier's fax number.
Fax Attestation Ready to Send?	Enter a "Y" in this field if the Fax Attestation form is ready to send.
Attestation Status	This field is auto-populated with the status of the Fax Attestation form. This field will indicate whether the Fax Attestation form has been "SENT" or "RECEIVED." A blank value means the Fax Attestation form has not been sent yet.
Attestation Date	This is auto-populated based on the status of the Fax Attestation form. This field will either display the date the Fax Attestation form was sent or the date the Fax Attestation form was received.
Physician Signature Received?	Indicates "Y" for yes or "N" for no if the physician's signature is on the Fax Attestation form. A blank value indicates the Fax Attestation form has not been received yet.
Courtesy Copy Sent?	Indicates a "Y" for yes if a Courtesy Copy, which includes the reported cause of death information, has been sent to the physician. A blank value indicates the Courtesy Copy has not been sent yet.

Cause of Death Tab

The Cause of Death fields are only open to a Funeral Director/staff where the Paper, Fax, or Electronic field is F for Fax, indicating that the Certifier is not a SVRIS user. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier **Cause of Death** Signatures Amendment Flags

Record Identifier

Decedent's Full Name: SMITH, MICHAEL JOHN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Actual or Estimated Date and Time of Death

Date of Death: / / Date of Death (A = Actual or E = Estimated): Time of Death (Military): Time of Death (A = Actual or E = Estimated):

Other Information

Autopsy? Did Tobacco Use Contribute to Death? Did Alcohol Use Contribute to Death? Pregnancy Status: NOT APPLICABLE

Cause of Death

Manner of Death:

--- PART I --- (If reporting more than one condition per line, separate each condition with a semi-colon.)

A. Immediate Cause (Final disease or condition resulting in Death) Approximate Interval - Onset to Death

List Conditions Leading to the Immediate Cause

B. Due to or as a Consequence of Approximate Interval - Onset to Death

C. Due to or as a Consequence of Approximate Interval - Onset to Death

D. Due to or as a Consequence of Approximate Interval - Onset to Death

--- PART II --- (If reporting more than one condition per line, separate each condition with a semi-colon.)

Other Significant Conditions Contributing to Death:

Injury - Complete if an Injury or Poisoning is Reported Anywhere in Part I or II

Injury or Poisoning? N

Date of Injury: / / Date of Injury (A = Actual or E = Estimated): Time of Injury (Military): Time of Injury (A = Actual or E = Estimated):

Injury at work? Place of Injury (Enter "Home", "Street", "Farm", etc.):

Country: State/Province/Territory: County:

City, Village, or Township: City, Village, or Township Indicator (C/V/T):

Injury Location: Apartment Number Designator: Apartment Number: Zip Code:

Describe how the Injury Occurred:

Editing an existing event. 0 Alerts:

Date of Death	Enter the month, day, and year. This is the Medical Certifier's approximation of the date on which all vital signs of life ceased. This date cannot be after the date pronounced dead. For non-Coroner/Medical Examiner cases, the date should be the same as, or at most one day before, the date pronounced. If the exact date is unknown, give whatever information is available, and enter "9" for each unknown value. For example, if the day is unknown but the month and year are known, enter the month and year but enter "99" for the day (11/99/2013). For reference, the date and time pronounced fields are found on the Decedent tab.
Date of Death (Actual or Estimated)?	This item is used to specify whether the date is an actual or estimated date of death. Enter "A" for Actual or "E" for Estimated.
Time of Death	Time of death should be entered using a 24-hour clock, i.e., 0000-2359. Only numeric values can be entered. This is the Medical Certifier's approximation of the time at which all vital signs of life ceased. This time cannot be after the time pronounced dead. If the exact time is unknown, enter "9" for each unknown value.
Time of Death (Actual or Estimated)?	This item is used to specify whether the time is an actual or estimated time of death. Enter "A" for Actual or "E" for Estimated.
Autopsy?	Indicate "Y" for Yes if an autopsy was performed. Indicate "N" for No, if an autopsy was not performed. For the purposes of this item, an external evaluation does not constitute an autopsy. Partial autopsies are included as "Yes" in the "Autopsy" field.
Did Tobacco Use Contribute to Death?	Valid responses for this item are "Yes," "No," "Probably," and "Unknown." It is commonly accepted that tobacco use contributes to many deaths due to emphysema or lung cancer. However, other deaths may be related to tobacco use. For example, tobacco use may contribute to deaths due to a wide variety of cardiovascular, respiratory, neoplastic (especially head and neck), metabolic, and other disease. Choose "Yes" if, in your clinical judgment, tobacco use contributed to the decedent's death.
Did Alcohol Use Contribute to Death?	Valid responses for this item are "Yes," "No," "Probably," and "Unknown." Select the answer that best describes if alcohol use contributed to death. Select "No" if alcohol use played no role in the decedent's cause of death.
Pregnancy Status	Specify the decedent's pregnancy status at the time of death, whether or not the pregnancy was relevant to the cause of death. Information from maternal deaths is shared with Public Health staff who review these deaths. For female decedents who are older than 75 or younger than 5 years of age and for male decedents, this field will populate with "Not Applicable" and you will not be required to enter any information.

Cause of Death - Manner of Death	For physicians - Item 22 must be completed. Please select either "Natural" or "Pending." If you are waiting to consult with the attending physician before completing the cause of death or waiting for the results of an autopsy or other tests, please indicate "Pending." If you believe the manner is accident, suicide, homicide or undetermined or this death involves any injury or trauma, contact your county's Coroner or Medical Examiner immediately. Wisconsin state law does not allow physicians to certify these types of deaths. For Coroners/Medical Examiners - Item 22 must be complete. Please select either "Natural," "Accident," "Suicide," "Homicide," "Undetermined," or "Pending." If waiting to consult with the attending physician, law enforcement or for results from an autopsy or other tests, please indicate "Pending."
Cause of Death - Part I – Immediate Cause	Enter the cause of death, stating the immediate cause on line A. DO NOT enter the mode of dying such as cardiac arrest, shock, or heart failure as the sole cause of death. Do not enter vague non-disease conditions such as old age or senility. Such terms are unacceptable and render the entire certificate unsuitable for filing. SIDS AND UNKNOWN CAUSE OF DEATH - The appropriate Coroner or Medical Examiner must sign these certificates. Unknown cause of death is acceptable only when described as being "post autopsy" or "post Coroner/Medical Examiner investigation."
Approximate Interval – Onset to Death	Enter the interval between onset and death. Do not leave the interval area blank. If the interval is unknown, enter "?" or "-".
Part 1 – List Conditions Leading to the Immediate Cause	Complete "Due to or as a Consequence of" fields of lines B – D by entering health factors that may have predisposed the decedent to the immediate cause(s) of death. Enter only one cause per line and complete the interval between onset and death. The causes of death are to be listed sequentially, with the condition of shortest duration on the first line and that with the longest duration on the last line. Include the approximate interval of each health factor.
Cause of Death - Part II - Other Significant Conditions Contributing to Death	List any conditions which contributed to the death but which were not in the chain of events leading to death. If reporting more than one condition, separate each condition with a semi-colon.
Injury or Poisoning?	If no injury or poisoning is reported as part of the cause of death, enter an "N." If an injury or poisoning is reported as part of the cause of death, enter a "Y" and complete all of the injury/poisoning fields.
Date of Injury	Enter the specific date of injury. If the exact date is unknown, give whatever information is available then enter "9" for each unknown value. For example, if the day is unknown but the month and year are known, enter the month and year but indicate "99" for the day (10/99/2013).
Date of Injury (Actual or Estimated)?	This item is used to specify whether the date is an actual or estimated date of injury. Enter "A" for Actual or "E" for Estimated.
Time of Injury	Enter the time of injury using the 24-hour clock, i.e., 0000 - 2359. If the exact time is unknown, use "9" for each unknown value. For example, "9999."
Time of Injury (Actual or Estimated)?	This item is used to specify whether the time is an actual or estimated time of injury. Enter "A" for Actual or "E" for Estimated.

Injury at work?	Complete injury at work if there is an injury reported anywhere in the cause of death. Enter "Y" for yes, "N" for no, or "U" for unknown.
Place of Injury (specify home, street, farm, etc.)	Enter the place of injury. This should be a generic term, not a specific address or location. For example, home, nursing home, farm, lake, etc.
Country	Enter country of injury.
State/Province/ Territory	Enter the state of injury, if injury occurred in the United States. (If not in the United States, this field will be unavailable. No entry is requested.)
County	Enter county of injury.
City, Village, or Township	Enter the city, village, or township where the injury occurred. This must be the physical location and not a mailing city, village, or township.
City, Village, or Township Indicator (C/V/T)	<p>Enter "C" for city if the location where the injury occurred is a city.</p> <p>Enter "V" for village if the location where the injury occurred is a village.</p> <p>Enter "T" for township if the location where the injury occurred is a township.</p> <p>This must be the physical location and not a mailing CVT indicator.</p> <p>If you are uncertain as to the location of injury, check the Vital Records City, Village, or Township listing at http://dhs.wisconsin.gov/vitalrecords/pdf/cvtlist.pdf.</p>
Injury Location	Enter the street address of the location where the injury occurred. This must be the physical location and not a mailing address. If a street address is not available, enter the geographic location where the injury occurred.
Apartment Number Designator	<p>If applicable, select the type of apartment number designator (e.g., room, suite, apt.) for the place where the injury occurred.</p> <p>NOTE: Apartment number is required when a designator is selected.</p>
Apartment Number	<p>If applicable, select the apartment number for the place where the injury occurred.</p> <p>NOTE: Apartment number is required when a designator is selected.</p>
Zip Code	<p>Enter the zip code of the location where the injury occurred.</p> <p>The zip code, while used primarily for mailing purposes, is part of the national standard for death data collection.</p> <p>The zip code will not necessarily match the city, village, or township of the physical place where the injury occurred.</p>
Describe How the Injury Occurred	The description of the incident should be concise and complete. Avoid entering extraneous information that is unnecessary and may cause problems with the family. For example: do not specify that a driver was driving in an illegal manner at the time the auto accident occurred. Instead, specify only the status of the victim (driver, passenger, etc.), the type of vehicle(s) involved, and if it was a collision, roll over, etc.

Signatures Tab

The Funeral Director can only complete fields that are not greyed out. This tab has a Record Identifier paragraph at the top. This paragraph is system generated and may be helpful in easily identifying the decedent and determining the overall record status.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death **Signatures** Amendment Flags

Record Identifier

Decedent's Full Name: SMITH, MICHAEL JOHN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: IN PROGRESS

Record Completion

Personal Information Complete? ☒ Completed Date: 07/15/2015 Completed By: Hebl, Lisa

Medical Information Complete? ☐ Completed Date: / / Completed By: / /

Medical Certifier

NOTE: An electronic signature has the same legal effect and can be enforced in the same way as a written signature

Certifier Signed? ☐ Date Signed: / / Full Name of Certifier: SAM POSER

Reject to Certifier ☐ Last Rejected Date: / / Last Rejected By: / /

Reason Rejected to Medical Certifier: / / / / / /

Funeral Home Certificate Request

Order From: Order Date: / / Date Certificates Printed by LVRO: / /

Number of Extended Fact of Death Certificates Requested: Number of Fact of Death Certificates Requested:

Notes to LVRO: / / / / / /

Funeral Home

NOTE: An electronic signature has the same legal effect and can be enforced in the same way as a written signature.

FD Signed? ☐ Date Signed: / / Funeral Director Name: CAMACHO, CRISTINA M

Reject to Funeral Home ☐ Last Rejected Date: 07/15/2015 Last Rejected By: Hebl, Lisa

Reason Rejected to Funeral Home: / / / / / /

Local Registrar

Editing an existing event. 0 Alerts: / / / /

Personal Information Complete?	If you have entered all personal information in this decedent's record, enter a "Y" in this box indicating that the Personal Information is now complete.
Order From	<p>If you wish to order copies at this time in the process, you must select the Local Vital Records Office from whom you would like to order these certificates (County of Occurrence or County of Residence of Decedent). If you are picking up the certificates in person, you may want to consider selecting the closest office.</p> <p>Leave this field blank if you do not want to order certificates at this time.</p>

Number of Extended Fact of Death Certificates Requested	Enter the number of certificates requested. See NOTE below for more information.
Number of Fact of Death Certificates Requested	Enter number of certificates requested. See NOTE below for more information.
Notes to LVRO	A message may be entered if you wish to tell the Local Vital Records Office (LVRO) additional information.
FD Signed?	Enter a "Y" to indicate that the death record is certified as complete and accurate by the Funeral Director or the person acting as such. A "Y" may not be entered here until the Medical Certifier has electronically signed the record.

NOTE: Fact of Death Certificate and Extended Fact of Death Certificate

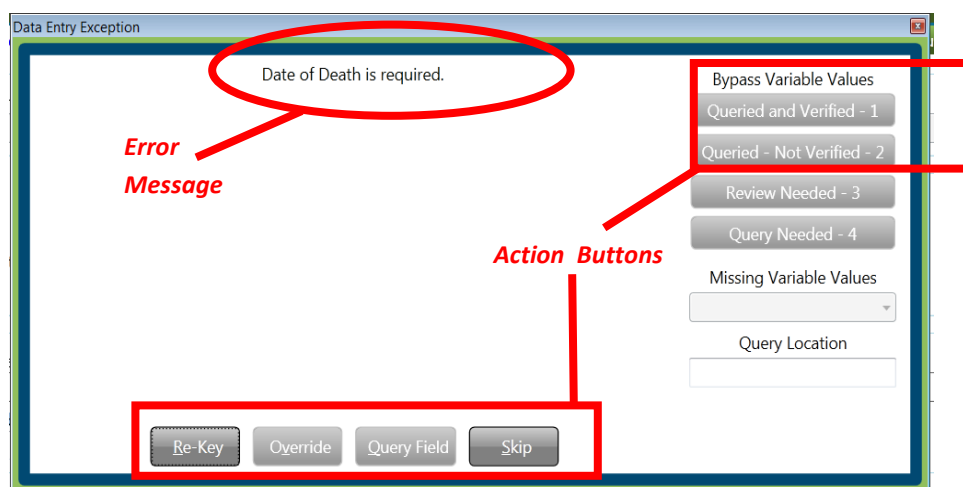
There are two versions of the Wisconsin Death Certificate, the Fact of Death Certificate and the Extended Fact of Death Certificate:

- 1. The Fact of Death Certificate, by law, does not contain any cause of death information but does include the manner of death (natural, pending, accident, homicide, suicide, or undetermined). With the inclusion of the manner of death, the Fact of Death Certificate contains the majority of information needed by family to settle an estate without disclosing the detailed disease, injury, or poisoning that resulted in death. The Fact of Death Certificate should be purchased and used to close bank accounts, provide proof of death, and for other reasons which do not require disclosure of the cause of death.*
- 2. The Extended Fact of Death Certificate does contain the cause of death and is accessible to only those who can prove a direct and tangible interest for obtaining this version. Although the Extended Fact of Death Certificate is generally preferred by the immediate family, this version should only be provided to agencies that have a real need for the cause of death information. The primary reason to provide the Extended Fact of Death Certificate is for insurance benefit claims.*

Agencies that indicate they will only accept the Extended Fact of Death Certificate should be instructed to review their current policy based on the 2003 law change. If an agency has questions and concerns about the validity of a certificate or which version is needed, refer the agency to our Customer Service office at 608-266-1373. Any questions you have should also be directed to our Customer Service office.

Edit Screen Messages

SVRIS contains edits that will automatically display error messages on the Data Entry Exception screen when an incorrect, questionable, or erroneous entry is made. The error message will let you know which field or fields are in error.



There are three types of messages with varying degrees of importance. The action buttons available will vary with the different types of messages.

Two of the messages must be addressed, for example, leaving a required field blank or an obvious error. These messages are:

- **Re-key the field** – Returns the user to the field for re-entry. On Re-key of date fields, hit Delete to clear the field before re-entering information.
- **Skip** – Returns the user to the next field for entry, leaving this field blank. The system will not allow you to complete a record with skipped fields. The background color of the skipped field will change to dark green.



The other type of message is a warning of an outlying value. For example, the condition "failure to thrive" usually develops as a complication of another more specific condition. SVRIS will edit "failure to thrive" when reported as the underlying cause of death. This edit checks to ensure a proper underlying cause of death is entered. If you determine this underlying cause is correct, select "Override."

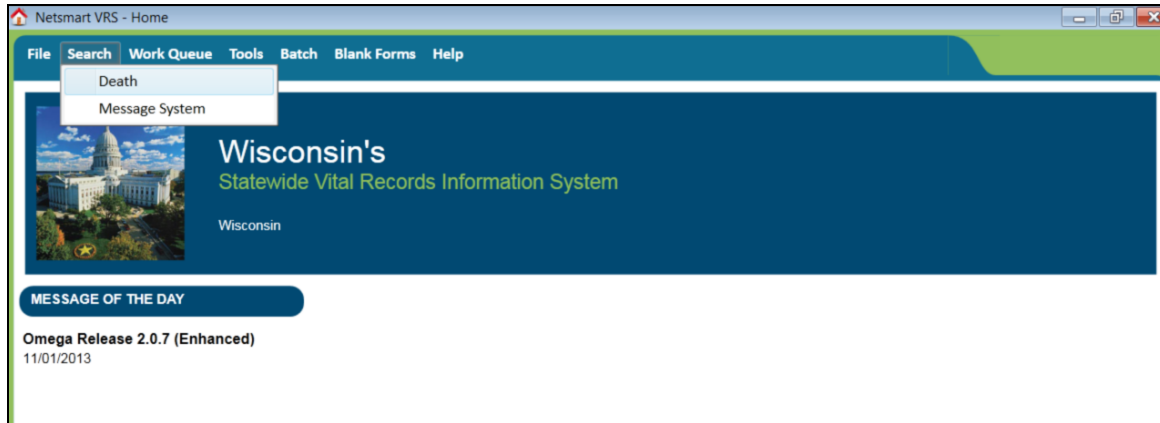
- **Override** – Indicates that the information entered was correct, e.g., “failure to thrive” is the underlying cause.



NOTE: The option for “Query Field” is not available in SVRIS.

Searching for Death Records

SVRIS has full function searching capabilities. Select the Search menu and click on the type of records to be searched, e.g., Death.



Select “Death” and the search screen (shown below) will appear.

There are two tabs on the Search screen – Search Criteria and Results. The Search Criteria tab, shown below, is where you enter the search criteria.

Any combination of the fields may be searched. To search by name for example, you can enter any combination of first name and last name. Once the criteria are entered, click the Search button at the bottom left of the screen (as shown below).

A screenshot of the 'Search - Death' application window. The window has a menu bar with File, Search, Requests, Work Queue, Tools, Batch, and Help. Below the menu bar are two tabs: 'Search Criteria' and 'Results'. The 'Search Criteria' tab is active and contains various search fields. These include: State File Number, Legacy State File Number, LVRO File Number, Record Status (dropdown), Record Status for Personal Info (dropdown), Record Status for Medical Info (dropdown), Decedent's First Name, Decedent's Last Name, Social Security Number (with a mask), Date Pronounced, Year of Death, County of Death, City of Death, County of Residence, City of Residence, OOS State File Number, Death State (dropdown), Medical Record Number, Alias First Name, and Alias Last Name. At the bottom of the form are two buttons: 'Reset/Clear' and 'Search'. A red box highlights the 'Search Criteria' tab and the 'Reset/Clear' and 'Search' buttons. The window title is 'Search - Death' and there is a 'close' button in the top right corner.

The Results tab will appear with all records that meet the criteria entered. The number of records found will appear at the bottom of the screen. If there are no records found, a “No Record Found” message will appear on the screen.

The Results screen may be sorted by any of the fields. Click once on the Field Name at the top of the column you wish to sort by. Only one field may be sorted at a time. Click on the field name again to sort in the field in descending order.

The screenshot shows a software window titled "Search - Death" with a menu bar (File, Search, Requests, Work Queue, Tools, Batch, Help) and a toolbar with a "close" button. The "Results" tab is active, displaying a table with the following columns: State File Number, Legacy S, LVRO F, Record Status, Record Status for, Record Status fo, Decedent's First Name, Decedent's Last Name, and Social Security Numbe. The table contains 19 rows of data. At the bottom, there are buttons for "Reset/Clear" and "Display", and a status bar indicating "Records Found: 25".

State File Number	Legacy S	LVRO F	Record Status	Record Status for	Record Status fo	Decedent's First Name	Decedent's Last Name	Social Security Numbe
2013000071			REGISTERED	REGISTERED	REGISTERED	ALBORAINE	ALBORAN	298347272
2013000074			REGISTERED	REGISTERED	REGISTERED	BANDA	BANDA	888888888
2013000075			REGISTERED	REGISTERED	REGISTERED	BALI	BALI	284721133
2013000076			READY TO REGISTER	ACCEPTED	ACCEPTED	FRIDAY	FRIDAY	454545454
2013000077			REGISTERED	REGISTERED	REGISTERED	SATURDAY	SATURDAY	888888888
2013000078			REGISTERED	REGISTERED	REGISTERED	MON	MON	454545454
2013000079			READY TO REGISTER	ACCEPTED	ACCEPTED	BIG	MON	343434343
2013000080			REGISTERED	REGISTERED	REGISTERED	FUN	FUNNY	121212121
2013000081			IN PROGRESS	IN PROGRESS	IN PROGRESS	TODAY	TODAY	343434343
2013300069			REGISTERED	REGISTERED	REGISTERED	USE	TWENTY	121212121
2013300159			REGISTERED	REGISTERED	REGISTERED	JACKIE	JOHNSON	925678388
2013300176			REGISTERED	REGISTERED	REGISTERED	SAMUEL	SAM	888888888
2013300182			REGISTERED	REGISTERED	REGISTERED	STAR	NIGHT	262843954
2013300189			REGISTERED	REGISTERED	REGISTERED	JANUARY	THIRD	232323232

If the search does not produce the record desired, try to search again. To begin a new search, click the Reset/Clear button at the bottom left of the Results screen and then click on the Search Criteria tab to go back to the Search Criteria screen. This time try to enter less information in the Search Criteria to expand the search. For example, instead of John Doe, enter Doe to retrieve all records with the last name of Doe.

NOTE: The system will only return the first 100 entries of a search. Should more than 100 records meet the search criteria, it is best to refine the criteria to get fewer records returned. One way to refine the search results is to enter more information. For example, enter John Doe with year of death 2014.

Using Wildcards in a Search

Wildcards are characters that expand your searching capabilities. These may be used to search many of the fields in SVRIS. One of the most common wildcards is the % sign. For example, to find all last names that begin with S, enter S% in the last name field. Entering MC% in the last name and J% in the first name field will give you all records with a last name beginning with the characters MC and first names that begin with J.

Using Parameters in a Search

Parameter searches will find records that meet comparison criteria. The characters in the following table may be used.

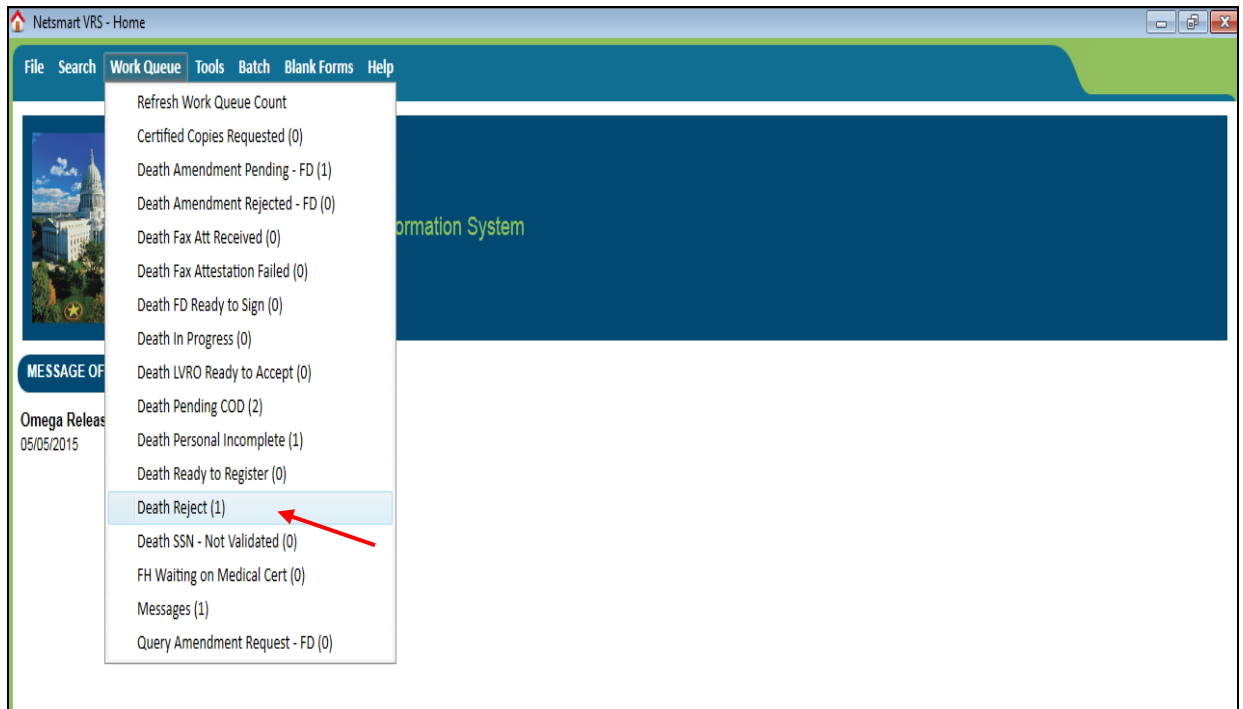
>	Greater than. For example, if you want to check for records after a specific time period, go to "Date Pronounced" field and enter ">10/1/2013."
<	Less than. For example, if you want to check all records before a specific date, go to "Date Pronounced" field and enter "<10/13/2013."
=	If needed, equal (=) can be combined with the greater than, less than symbols (>= or <=).
(X+Z)	Values between X and Z. For example, if you want to see every record for a specific time period, go to "Date Pronounced" field and enter "(10/1/2013+10/31/2013)."

Responding to Rejected Records

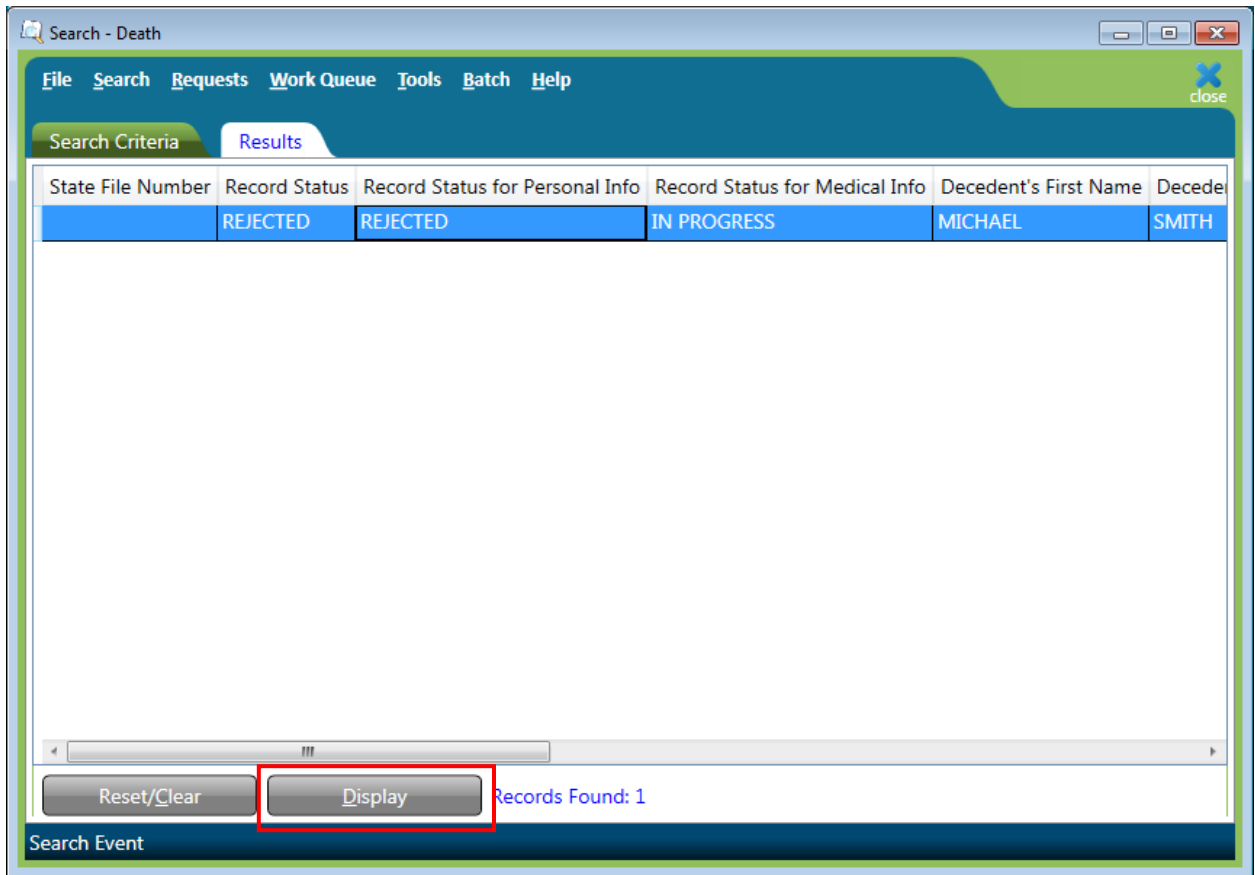
The SVRO, LVRO, or Medical Certifier can reject death records back to the Funeral Director for various reasons. These rejected records will appear in the Death Reject Work Queue.

To review rejected records:

- Funeral Director checks the Death Reject Work Queue for record(s) that have been rejected.



- ✓ Click on the Work Queue menu.
- ✓ Select Death Reject.
- ✓ Identify and select the record to review.



- ✓ In the Death Reject Work Queue window, highlight the name of the appropriate record.
- ✓ Click on Display or double click the highlighted record to open the record.
- Funeral Director reviews reason rejected.
 - ✓ On the Signature tab review the "Reason Rejected to Funeral Home" field.
 - ✓ Change or add any information needed.
 - ✓ Enter "Y" in "FD Signed" to resubmit the record. The "Date Signed" and "Funeral Director Name" fields will be automatically filled.

Death (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death Signatures Amendment Flags

Record Identifier

Decedent's Full Name: SMITH, MICHAEL JOHN Date Pronounced Dead: 07/15/2015 County of Death: DANE Record Status: REJECTED

Record Completion

Personal Information Complete? ☐ Completed Date: / / Completed By:

Medical Information Complete? ☐ Completed Date: / / Completed By:

Medical Certifier

NOTE: An electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Certifier Signed? ☐ Date Signed: / / Full Name of Certifier: SAM POSER

Reject to Certifier ☐ Last Rejected Date: / / Last Rejected By:

Reason Rejected to Medical Certifier:

Funeral Home Certificate Request

Order From: Order Date: / / Date Certificates Printed by LVRO: / /

Number of Extended Fact of Death Certificates Requested: Number of Fact of Death Certificates Requested:

Notes to LVRO:

Funeral Home

NOTE: An electronic signature has the same legal effect and can be enforced in the same way as a written signature.

FD Signed? ☐ Date Signed: / / Funeral Director Name: CAMACHO, CRISTINA M

Reject to Funeral Home ☐ Last Rejected Date: 07/15/2015 Last Rejected By: Hebl, Lisa

Reason Rejected to Funeral Home: THIS DEATH RECORD NEEDS TO BE SIGNED BY A MEDICAL EXAMINER

Local Registrar

Editing an existing event. 0 Alerts:

In the example below, the record has been rejected back to the Funeral Director by the Medical Certifier, Henry Jones Jr.

Death (Event Year = 2013)

File Search Requests Actions Work Queue Linking Tools Help

Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death Signatures Amendment Flags

Notes to LVRO:

Funeral Home

FD Signed? ☐ Date Signed: / / Funeral Director Name: ADDAMS, MORTICIA B

Reject to Funeral Home ☐ Last Rejected Date: 02/04/2013 Last Rejected By: Jones Jr, Henry

Reason Rejected to Funeral Home: NOT MINE

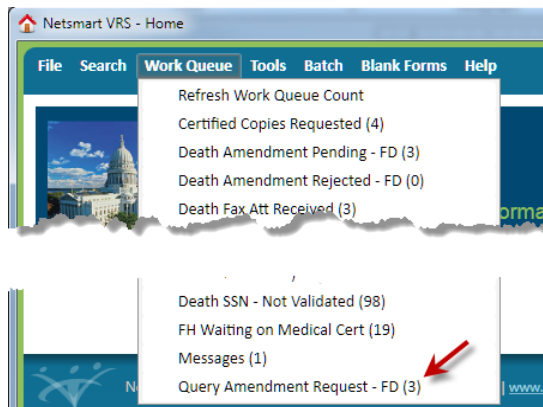
Local Registrar

LVRO Accept? ☐ Date Accepted: / / Accepted By:

Editing an existing event. 0 Alerts:

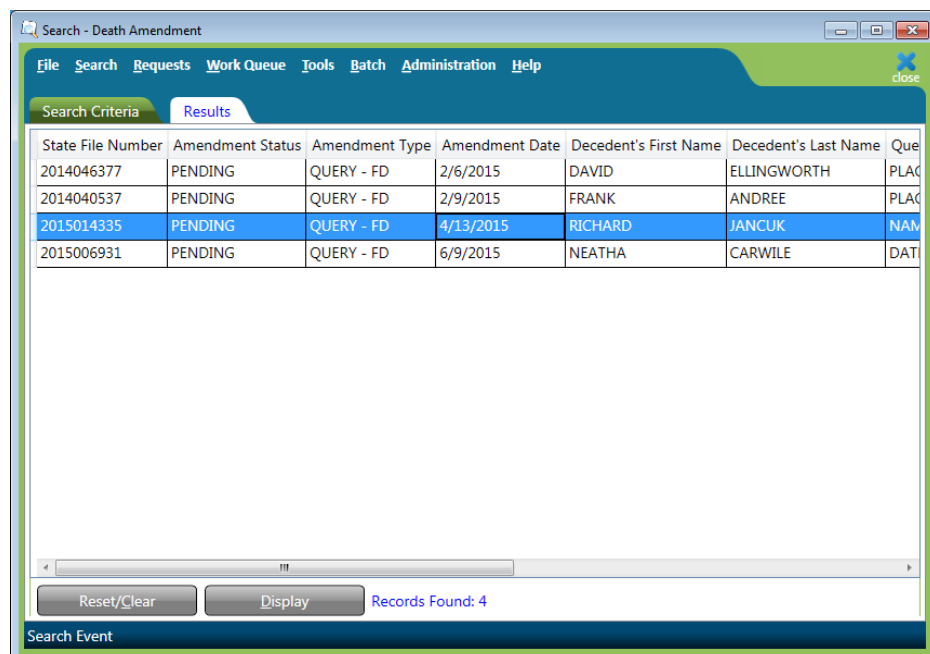
Responding to Death Record Queries

SVRO may query the Funeral Director regarding a record. These queries will appear in the Query Amendment Request – FD Work Queue



To review Query Amendment Requests:

- Funeral Director checks the Work Queue for record(s) that have been queried by SVRO.
 - ✓ Click on the Work Queue menu.
 - ✓ Select Query Amendment Request – FD.
 - ✓ Identify and select the record to review.
 - ✓ In the Work Queue window, highlight the name of the appropriate record.
 - ✓ To open the record, click on Display (at the bottom of the screen) or double click the highlighted record.



- Funeral Director opens the Amendment tab and reviews the Query Text.

Death Amendment (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Administration Help

Certifier Cause of Death Signatures Supporting Info Completion System

Amendment Decedent Decedent Demographic Decedent Statistics Disposition

Event Type

AMENDMENT_TYPE

Amendment Type Amendment Status

Query Message NAME SPELLING

Query Text

The pronouncer's last name appears in the record as "Vanghn". Is it supposed to be spelled "Vaughn"?

Certificate Info

First Name Middle Last

Suffix

Editing an existing event. 2015014335 0 Alerts:

- Funeral Director enters notes if necessary in the “Notes From Funeral Home/Medical Certifier” box.

Date Pronounced

Notes From SVRO

Notes From Funeral Home/Medical Certifier

Editing an existing event. 2014003461 0 Alerts:

- Funeral Director makes any changes or adds any information needed.

- Funeral Director completes the Query.
 - ✓ Click on the Completion Tab.
 - ✓ Enter “Y” in “Amendment Request Complete” field. The “Completed By” and “Completed Date” fields will be automatically filled.

Death Amendment (Event Year = 2014)

File Search Requests Actions Work Queue Linking Tools Help

Amendment Decedent Decedent Demographic Decedent Statistics
 Certifier Cause of Death Signatures **Completion**

[Cancel](#)


Cancel Amendment Request? (Y/N) Cancelled By:
 Cancelled Date:

[Request Complete](#)

Amendment Request Complete? (Y/N/R) Completed By:
 Completed Date:

[State Vital Records](#)

SVRO Accepted? (Y/N)

- ✓ Save the record.  This will route the query request back to the SVRO.

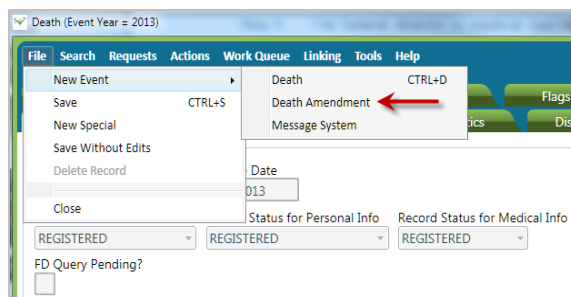
Amending a Death Record

Funeral Directors can request an amendment to a registered death record. The Funeral Director will complete an amendment request and submit it to the SVRO for approval.

NOTE: Prior to the record getting registered, a funeral director can make updates directly to the record. An amendment request to our office is not necessary. However, if a record needs to be voided (i.e. another funeral home will be handling the death certificate or a duplicate record exists), contact the Wisconsin Help Desk.

Requesting an Amendment

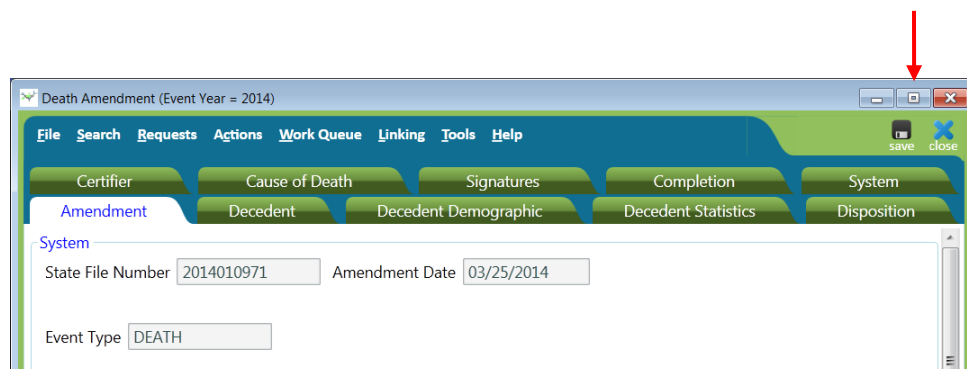
- Search for the record.
- Open the record.
 - ✓ Click on the File Menu.
 - ✓ Select New Event – Death Amendment.



- Death Amendment Window Opens

NOTE: It is important to maximize this window so that the information in the amendment displays properly. **The recommended resolution is 1280 x 1024.** (It can be no lower than 1280 x 720 in order for the amendment screen to display properly.)

The record opens minimized. Click the square in the upper right corner to maximize the screen.



- The screen shown below is maximized.

- ✓ From the “Amendment Type” field dropdown, select Funeral Director Amendment.
- ✓ Scroll down to the “Notes from Funeral Home/Medical Certifier” box.
- ✓ Enter any notes regarding the amendment.

- Open the appropriate tab in order to change any of the available fields.
 - ✓ There are two columns in the information fields – Current and New Values. To amend a death record, you will be completing the New Values column. Only enter fields that have changed. Do not complete fields that have not changed.

Death Amendment (Event Year = 2013)

File Search Requests Actions Work Queue

Amendment Decedent Decedent Demographic Disposition Certifier Cause of Death Signatures Completion System

Actual or Estimated Date and Time of Death

Date of Death..... 09/04/2013

Date of Death (A=Actual or E=Estimated)?..... A

Time of Death (Military)..... 0400 04:30

Time of Death (A=Actual or E=Estimated)?..... A

Other Information

Coroner Case Number.....

Autopsy?..... Y

Did Tobacco Use Contribute to Death?..... YES

Did Alcohol Use Contribute to Death?..... YES

Pregnancy Status..... NOT APPLICABLE

Cause of Death - CURRENT VALUES

Manner of Death NATURAL

--- PART I --- (If reporting more than one condition per line, separate each condition with a semi-colon.)

Immediate Cause

Adding a new event. 2013000221 0 Alerts:

- ✓ If the amendment request is an addition to information that already appears in the record, enter ALL of the information (the existing and new information). This will require that information previously reported be repeated. For example, if you need to add a second name to the middle name, you must repeat both names in the New Value field (see boxed area in the screen shot below).


Death Amendment (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Help

Amendment Decedent Decedent Demographic Decedent Statistics Disposition Certifier Cause of Death Signatures Completion System

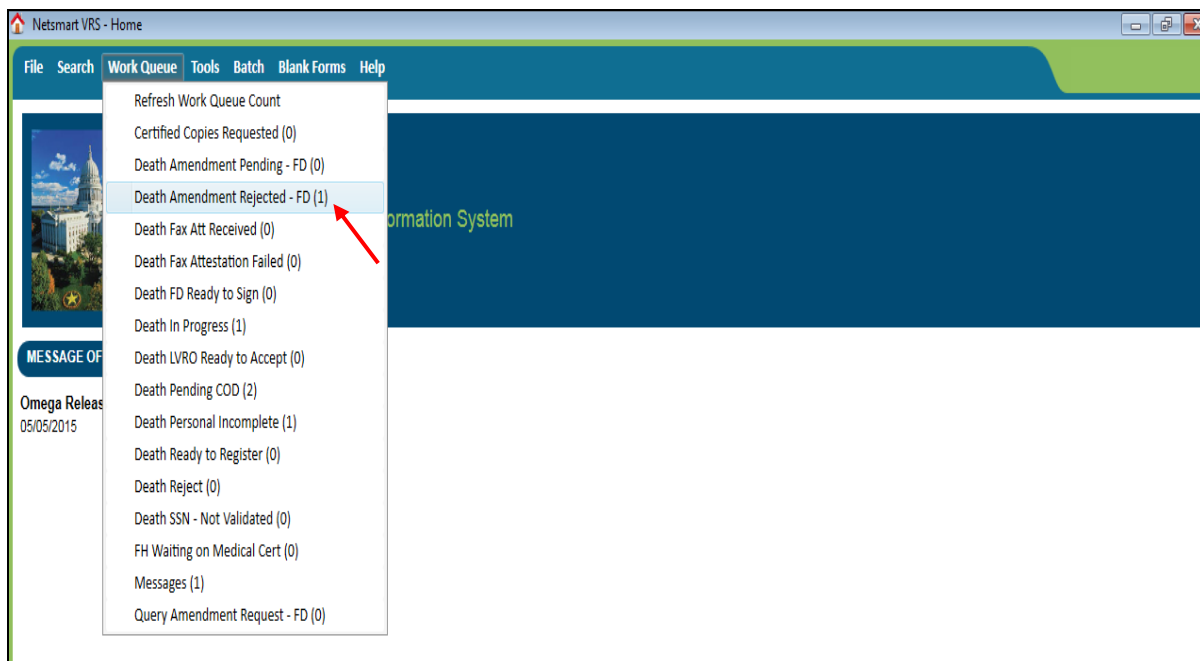
Current Value	New Value
Deceased	
First Name..... JANE	
Middle Name..... JEAN	JEAN JOSEPHINE
Last Name..... SMITH	
Suffix.....	
Alias?..... N	
Alias First Name.....	
Alias Middle Name.....	
Alias Last Name.....	
Alias Suffix.....	
Sex..... F	
No SSN?..... Y	
Social Security Number..... 888888888	
Pronouncement	
Date Pronounced Dead..... 07/15/2015	
Time Pronounced Dead..... 0800	
Pronouncer Name..... MICHAEL JONES	
Pronouncer Title..... DEPUTY CORONER	
Hospice	
Was Hospice responsible for decedent care at time of decedent's death? N	
Hospice Name	
Place of Death	
Place of Death Choices HOSPITAL	
Hospital Type INPATIENT	
Facility Name ST MARYS HOSPITAL-MADISON	

- Complete the Amendment.
 - ✓ Enter “Y” in the “Amendment Request Complete” field. The “Completed By” and “Completed Date” fields will be automatically filled.

- ✓ Save the record.  This will route the request to the SVRO for approval. The record will appear in the Death Amendment Pending -- FD Work Queue.

Rejected Amendments

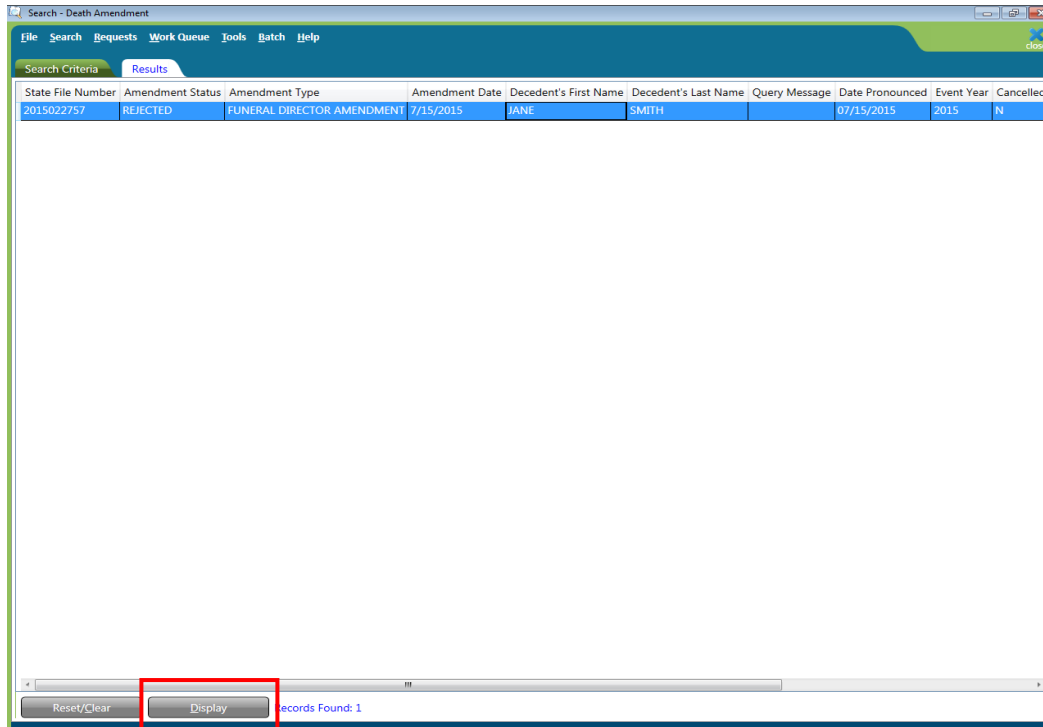
If the amendment request is rejected by the SVRO, it will appear in the Death Amendment Rejected -- FD Work Queue.



To review the rejected amendment request:

- Funeral Director checks the Work Queue for record(s) that have been rejected by SVRO.
 - ✓ Click on the Work Queue menu.
 - ✓ Select Death Amendment Rejected - FD.

- ✓ Identify and select the record to review.
- ✓ In the Work Queue window, highlight the name of the appropriate record.
- ✓ To open the record, click on Display (bottom on left of the screen) or double-click on the highlighted record.



- Funeral Director opens the Amendment tab and reviews “Notes from SVRO” for reason rejected.

Death Amendment (Event Year = 2015)

File Search Requests Actions Work Queue Linking Tools Administration Help

Amendment

AMENDMENT_TYPE_FILTER
S

Amendment Type: FUNERAL DIRECTOR AMENDMENT Amendment Status: REJECTED

Query Message

Query Text

Certificate Info

First Name: JANE Middle: JEAN Last: SMITH Suffix:

Date Pronounced: 07/15/2015


Notes From SVRO

VERIFYING THE SPELLING OF THE DECEDENT'S SECOND MIDDLE NAME.

Notes From Funeral Home/Medical Certifier

- Funeral Director resubmits the Amendment Request.
 - ✓ Enter notes in the “Notes From Funeral Home/Medical Certifier” box (see arrow on screen above).
 - ✓ Open relevant tab to make any necessary changes.

- ✓ Open Completion tab.
- ✓ Change the “R” (R=rejected) in “Amendment Request Complete” field to “Y.”
The “Completed By” and “Completed Date” fields will be automatically filled.

- ✓ Save the record.  This will route the request to SVRO for approval. The record will appear in the Death Amendment Pending - FD Work Queue.

The Funeral Director may choose to cancel the amendment request instead of resubmitting. To cancel the request, contact the Wisconsin Help Desk. Refer to the end of this manual.

Email Notifications

An outside email notification is sent to the Funeral Director under two different scenarios. These are when (1) an amendment to complete a pending cause of death on a record is completed and (2) a record is voided.

NOTE: *It is important that you notify SVRO by contacting the Wisconsin Help Desk when your email address has changed. You may also need to adjust your spam filters, so that you will continue to receive email notifications from SVRO.*

Here are examples of the two different types of emails users will receive:

Example 1 – When an amendment to complete a pending cause of death on a record is completed.

1. From: DHSVitalRecords@wisconsin.gov
[<mailto:DHSVitalRecords@wisconsin.gov>]
Sent: Tuesday, April 28, 2015 12:25 PM
To: FuneralHome@sbcglobal.net
Subject: **Amended Pending Cause of Death**

This is an automatically generated e-mail by SVRIS, please do not reply.

Decedent: KARRIE MARIE THOMAS
Date of Death: 02/01/2015

This death record has been amended and the manner of death is no longer pending.

This is an automatically generated e-mail by SVRIS, please do not reply.

Example 2 – When a record is voided.

2. From: DHSVitalRecords@wisconsin.gov
[<mailto:DHSVitalRecords@wisconsin.gov>]
Sent: Friday, January 03, 2014 1:34 PM
To: FuneralHome@sbcglobal.net
Subject: **VOID RECORD**

This is an automatically generated e-mail by SVRIS, please do not reply.

Decedent: WEBSTER, ELIZABETH MARY
Date of Death: 12/10/2013

This record has been voided for the following reason: THIS IS A MEDICAL EXAMINER CASE

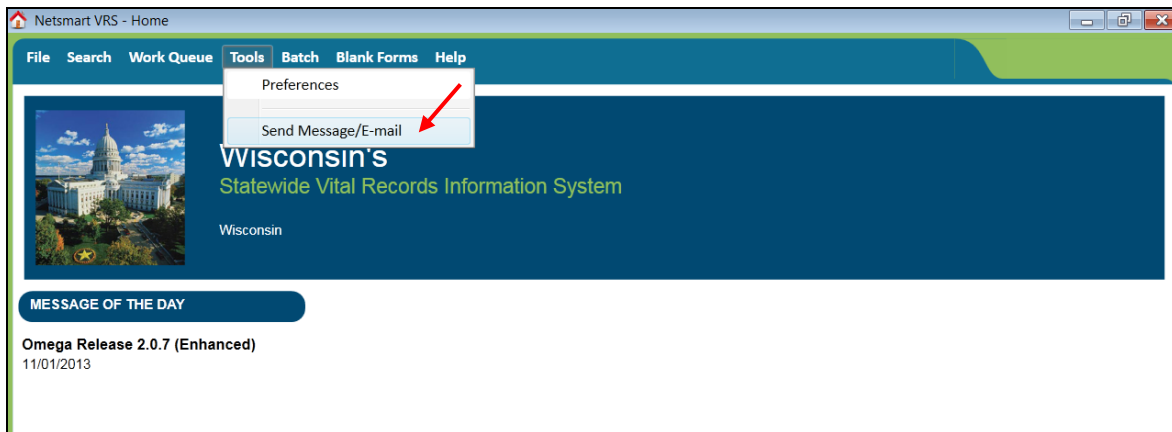
This is an automatically generated e-mail by SVRIS, please do not reply.

Messaging

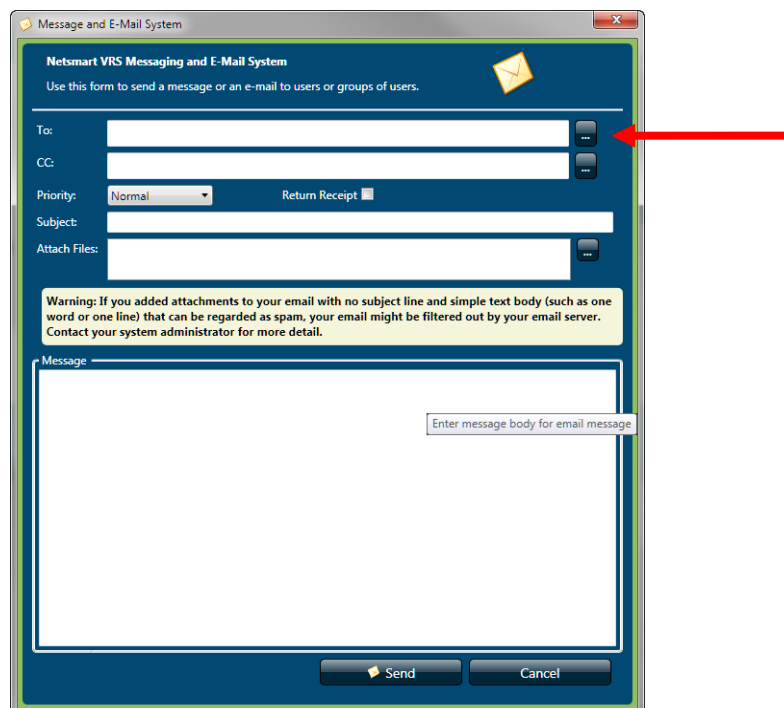
SVRIS contains an internal messaging function that enables users to send questions, notes, notifications, and other information relative to death records to other participants in the system. Since SVRIS is ID and password protected, personal and confidential information about a death record can be transmitted within the system.

Creating a Message

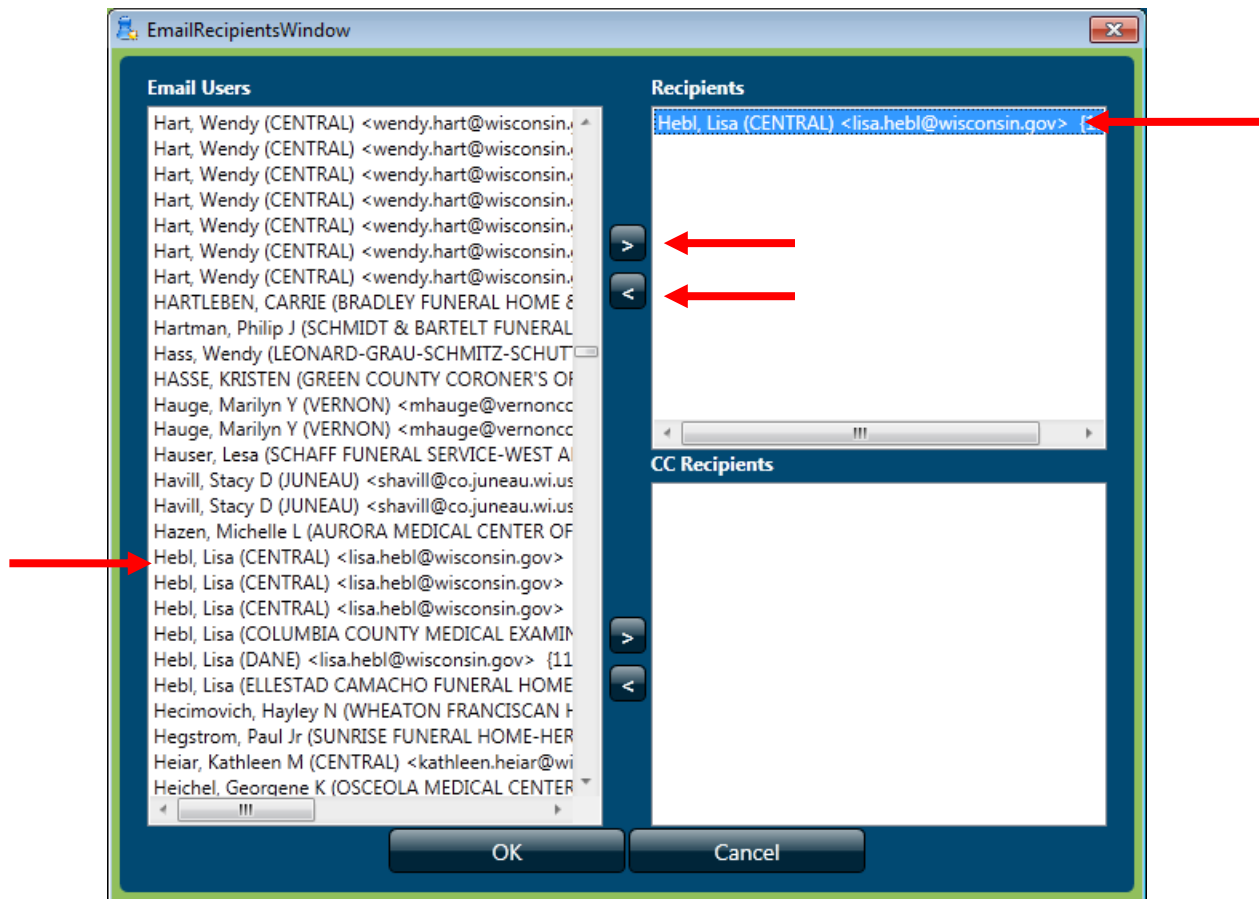
To access the Messaging system, go to Tools → Send Message/Email.



The following window will appear.



- To select a message recipient, type the last name or click on the button on the right of the To: field. That will open the entire recipient dropdown list. Use the mouse to select a name from the dropdown list. You may see some people listed multiple times. This is because they are listed once for each security role they have in the system. It does not matter which one of the duplicates you choose; it will get to the person no matter which one you pick. Follow the same procedure if you want to add a person to the CC (copy to) dropdown list.
- To select a name, highlight the name and click on the forward arrow [>]. The name will appear in the recipient's box. If you selected the wrong name, highlight that name and click on the back arrow [<] to remove.



- Once the recipient(s) have been selected, close that screen and return to Message and Email System screen.

Message and E-Mail System

Netsmart VRS Messaging and E-Mail System

Use this form to send a message or an e-mail to users or groups of users.

To: Hebl, Lisa (CENTRAL) <lisa.hebl@wisconsin.gov> {11213}

CC:

Priority: Normal ☐ Return Receipt

Subject: Highest

Attach Files: Normal

Lowest

Warning: If you added attachments to your email with no subject line and simple text body (such as one word or one line) that can be regarded as spam, your email might be filtered out by your email server. Contact your system administrator for more detail.

Message

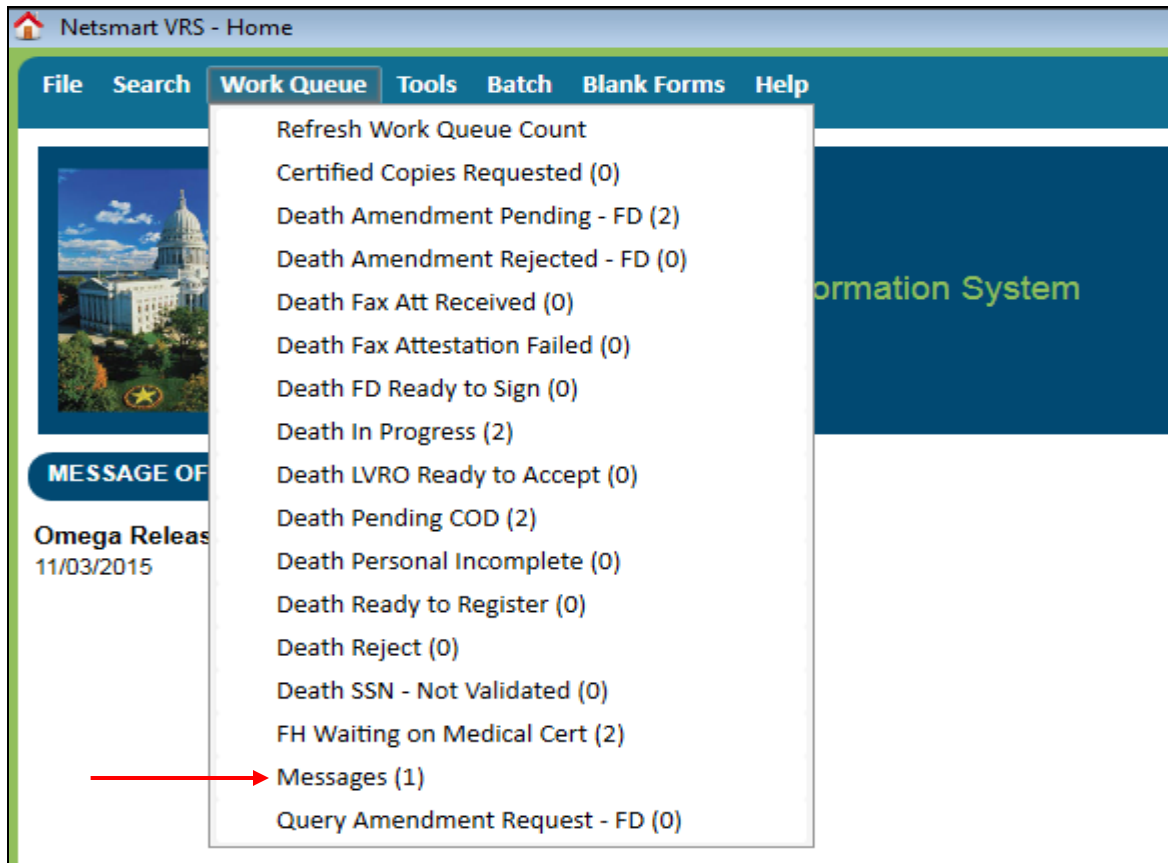
Send Cancel

- The message Priority can be changed by clicking on the Priority dropdown list.
- Enter a Subject for the message.
- If you want a Return Receipt, check that box. This will let you know when the person has opened your message.
- You also have the option to attach a file.
- Enter the information that you wish to convey in the “Message” field and click Send.

Unread Messages

If there are unread messages, text will appear in the status bar at the bottom of the SVRIS home screen informing you that unread messages are waiting in the Messages Work Queue.

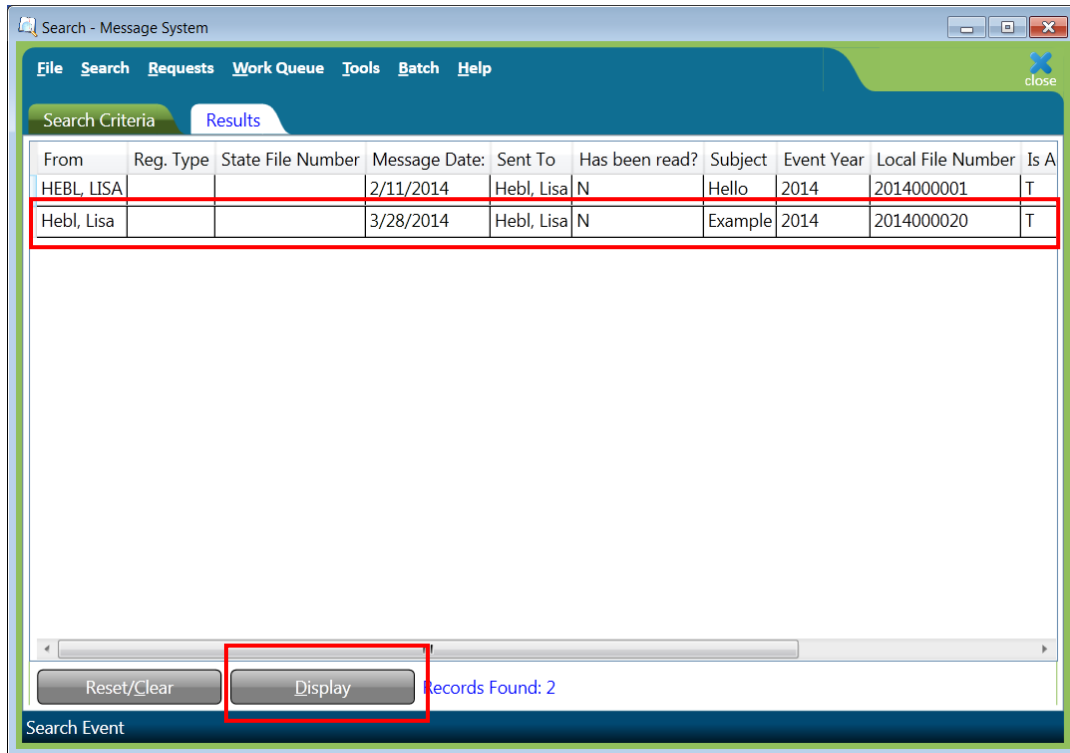
- From the SVRIS Home window, select the Work Queue menu and select Messages.



- This opens the Messages Work Queue.

A list of your messages will appear in the Messages Work Queue.

- Highlight the desired message.
- To open the message, click on Display (bottom left of the screen) or double-click on the highlighted message.



Replying to a Message

Message System (Event Year = 2012)

File Search Requests Actions Work Queue Linking Tools Administration Help

Message System

General

Message Date: 06/14/2012 Subject: Record

From: jane To: Jane

Read (Y.N) Y Date Read 06/14/2012 Reply back at SAVE time? (Y.N) Y

Text of Message


Type Here To Reply To The Message.

-----please Review

Event Information

Event message is about Event Local File Number

Editing an existing event. 0 Alerts:

- Enter a “Y” in the “Read” field. If you do not enter a “Y” in this field, the message will always appear as an unread message.
- Enter a “Y” in the “Reply Back at Save Time” field. This will send a reply to the original message.
- Enter your message above the original message in the “Text of Message” field.
- Save the record. . This will send the reply.

Linking a Death Record to a Message

If a user sends a message regarding a specific record, it helps if the sender links the record to the message. To link a record to a message:

- Search for and display the record that should be linked to the message.
- Click on Tools → Send Message/Email.
- Select the recipient of the message, complete the message, and click Send.
- Once the message has been sent, the recipient will see that he or she has a message and should open the Messages Work Queue.
- In the message, the fields in the Event Information paragraph indicate there is an event record attached. To view the attached record, recipient can click on Linking → To Death Record.

Message System (Event Year = 2013)

File Search Requests Actions Work Queue Linking Tools Help

Message System

General

Message Date: 04/04/2013 Subject: review record

From: Coroner, Clarice To: Jane - CME

Read (Y,N) Date Read Reply back at SAVE time? (Y,N)

N / /

Text of Message

Please review the attached record

Event Information

Event message is about DEATH Event Local File Number 2013000336

Editing an existing event. 0 Alerts:

- This will bring up the linked death record. To view the record, click Display (bottom left of the screen) or double-click on the record.

Search - Death

File Search Requests Work Queue Tools Batch Help

Search Criteria Results

Event Year	State File Number	Record Status	Date Pronounced	Decedent's First Name	Decedent's Last Name
2013	2013000071	REGISTERED	3/7/2013	ALBORNE	ALBORAN

Reset/Clear Display Records Found: 1

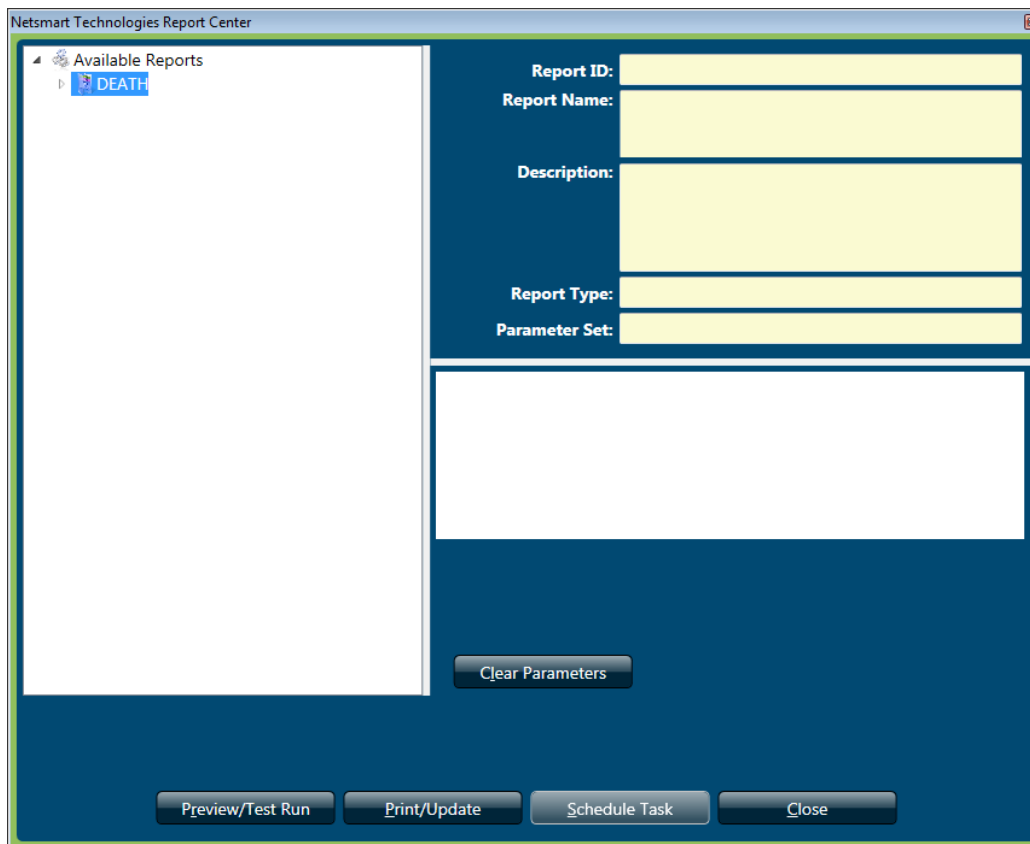
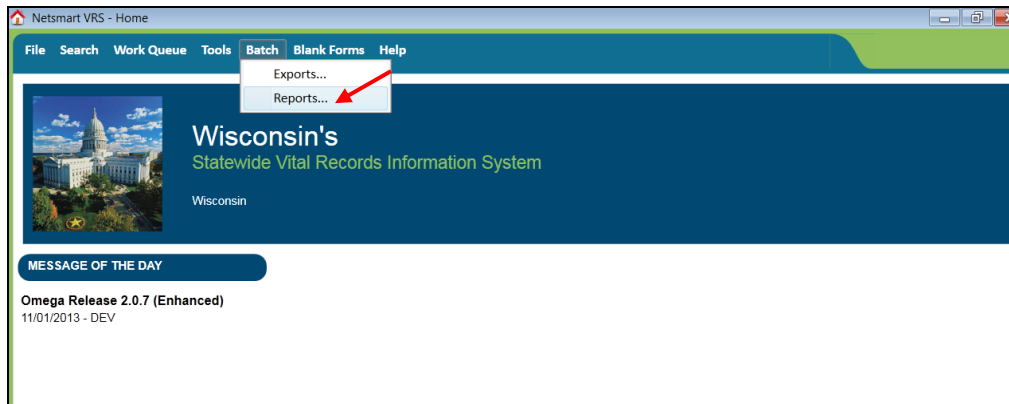
Search Event

Death reports

Accessing Reports

Reports are stored in the Report Center for easy access by all authorized users. The Report Center contains a variety of reports. To access the Report Center:

- Click on the Batch menu.
- Select Reports.



- Click on Death under Available Reports and all the available reports will show.

Netsmart Technologies Report Center

Available Reports

- DEATH
 - Death Reconciliation Report - FD
 - Death Reconciliation Report - Funeral Home
 - Pending Cause of Death - FD
 - Pending Cause of Death - FH

Report ID: Death Reconciliation Report - Funeral Home

Report Name: Death Reconciliation Report - Funeral Home

Description:

Report Type: Report Builder

Parameter Set:

Create Date Range

Corp Code @USERLOCATION_GROUP

RECORD_STATUS

Create Date Range

Enter date range separated by comma in mm/dd/yyyy format.

Clear Parameters

☐ Export to a file? File Format: File Name:

Preview/Test Run Print/Update Schedule Task Close

- Select the report you want by highlighting and double clicking on the report.
- The selected report will open up.

View

Death Reconciliation Report - ELLESTAD CAMACHO FUNERAL HOME

Create Date Range between 07/15/2015,07/15/2015
Corp Code equal 3020,A

Date: 7/15/2015
Page 1 of 1

Last Name	First Name	Date of Death	Social Security Number	County of Occurrence	Funeral Home	Record Status
SMITH	MICHAEL	07/15/2015	888-88-8888	DANE	ELLESTAD CAMACHO FUNERAL HOME-BLACK EARTH	IN PROGRESS
SMITH	JANE	07/15/2015	888-88-8888	DANE	ELLESTAD CAMACHO FUNERAL HOME-BLACK EARTH	REGISTERED

Running Reports


Select the desired report from the available reports list on the left side of the window (below). The parameters for the report will appear on the right side of the window. Some of the parameters will have default values and can be changed. Some parameters cannot be changed; these will display “This field is protected.” in the select parameters box.

The screenshot displays the Netsmart Technologies Report Center interface. On the left, a tree view under 'Available Reports' shows 'DEATH' expanded, with 'Death Reconciliation Report - Funeral Home' selected. A red box labeled 'List of Available Reports' points to this list. The right side of the window shows report details for the selected report: 'Report ID: Death Reconciliation Report - Funeral Home', 'Report Name: Death Reconciliation Report - Funeral Home', 'Description: Report Information' (highlighted with a red box), 'Report Type: Report Builder', and 'Parameter Set:'. Below this, a 'Parameters' section lists 'Create Date Range', 'Corp Code @USERLOCATION_GROUP', and 'RECORD_STATUS'. A red box labeled 'Parameters' points to this section. At the bottom of the parameters section, there is a 'Create Date Range' input field with a red arrow pointing to it from a red box labeled 'Select / Enter Parameters'. Below the input field is the instruction 'Enter date range separated by comma in mm/dd/yyyy format.' and a 'Clear Parameters' button. At the bottom of the window, there is an 'Export to a file?' checkbox, a 'File Format:' dropdown, a 'File Name:' text box, and four buttons: 'Preview/Test Run', 'Print/Update', 'Schedule Task', and 'Close'. A red box labeled 'Preview and Print Buttons' points to the 'Preview/Test Run' and 'Print/Update' buttons.

It is recommended that you select and enter a date range parameter. The other parameters are not required. However, using parameters will speed up running the report and give better results.

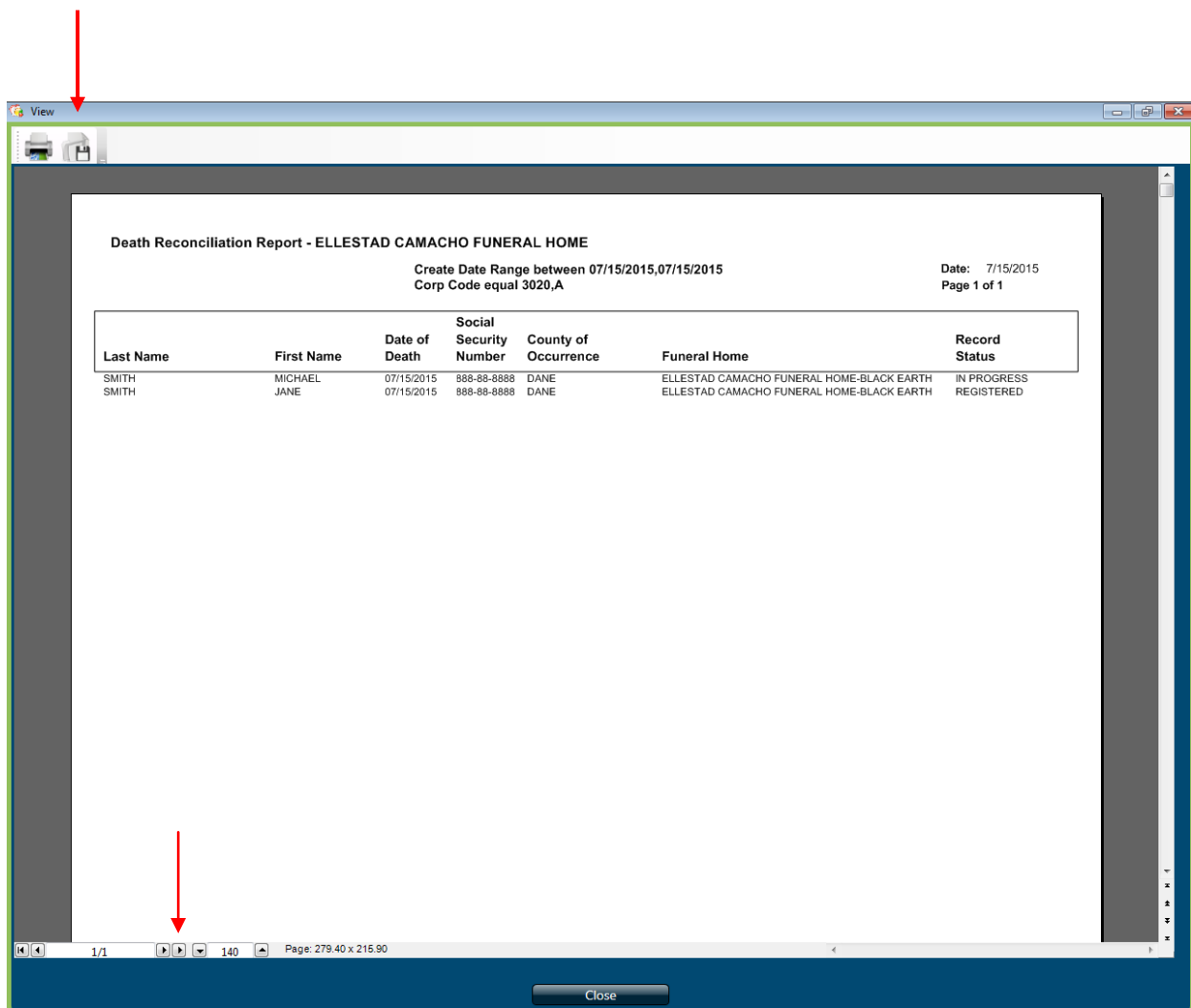
In the above example, the Death Reconciliation – FD report is selected. The Create Date parameter has been entered as 10/01/2013 and 10/31/2015. The Record Status parameter has been left blank. Examples of record status include In Progress, Registered, Rejected, etc.

Parameters can be typed or selected. To type the date range parameter, click on the “Create Date Range” field and type the date range separated by a comma in MM/DD/YYYY format in the Date Pronounced Range open field.


Or, to select the parameters, click on the lookup button.  This will open either a list of parameters or a calendar. Select the desired parameters and click OK. Not all reports have an active lookup button.

To preview the report, click the Preview/Test Run button at the bottom of the Report Center. To send the report directly to a printer, click the Print/Update button. It is **STRONGLY** recommended to preview the report before printing. Some of the reports can be hundreds of pages long. If you select “Print,” the report will be sent directly to the printer with no preview.

If there are several pages in the report, use the page navigation arrows at the bottom of the window (as indicated above) to advance the page.



Saving a Report

Select the “save” icon  at the top left of the report (to the right of the printer icon as indicated above) and give the file a name. The report must first be saved to your C:\ drive. From there it can be moved to the desired location.

Death FD Exports

Funeral Directors are able to run an export of data fields that can be imported into other software. You can run this export utility either using Windows or Apple depending on your operating system.

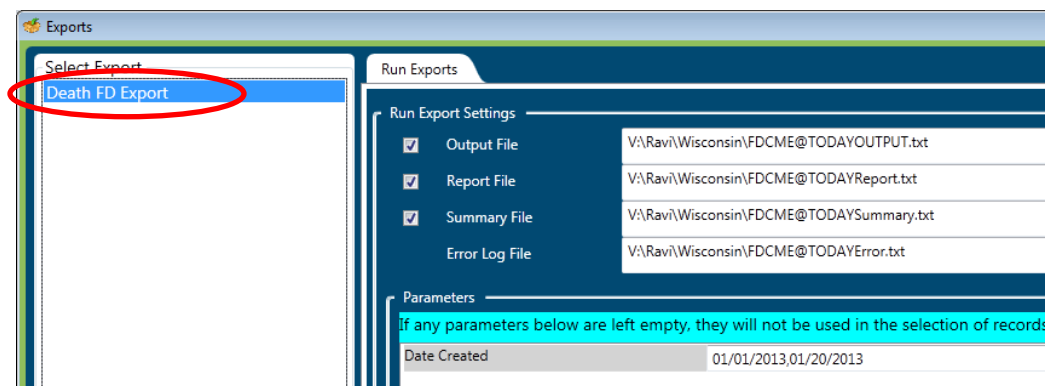
Using Windows

To run the Death FD Export:

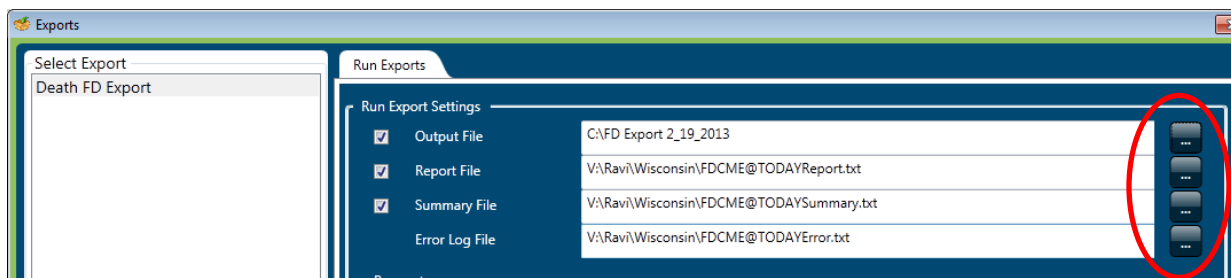
1. From the Home Screen of SVRIS, select the Batch menu and then choose Exports. This will open the Export Utility.



2. In the Export Utility, highlight the export on the left side called Death FD Export.

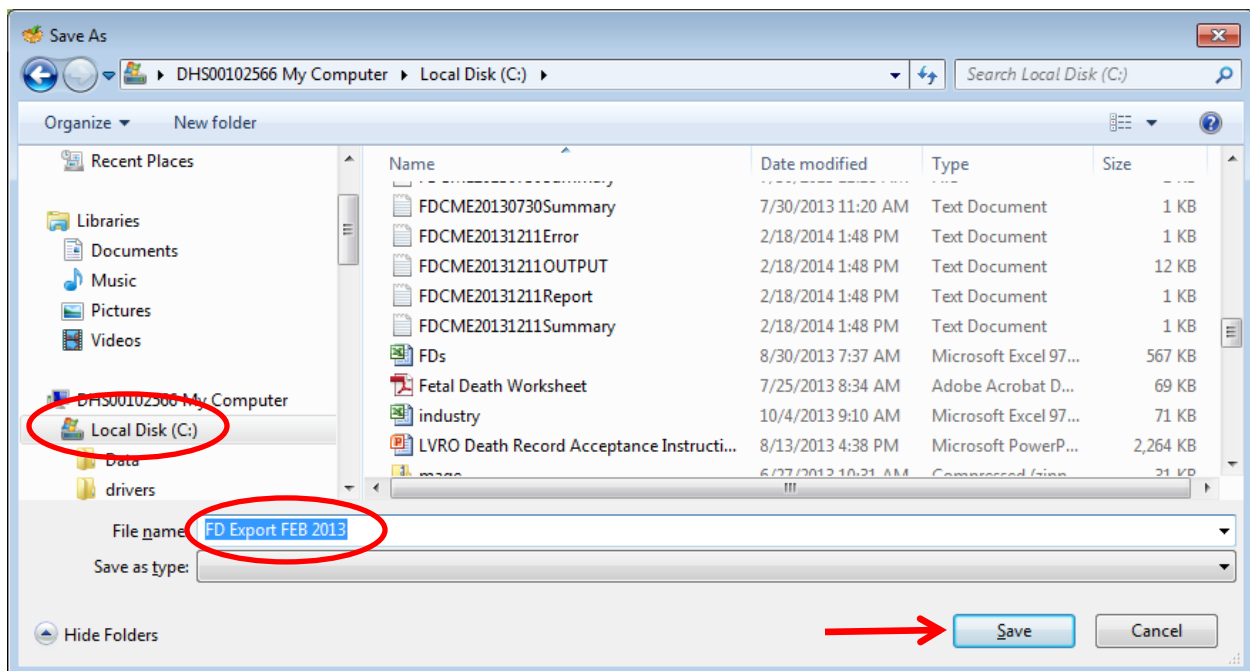


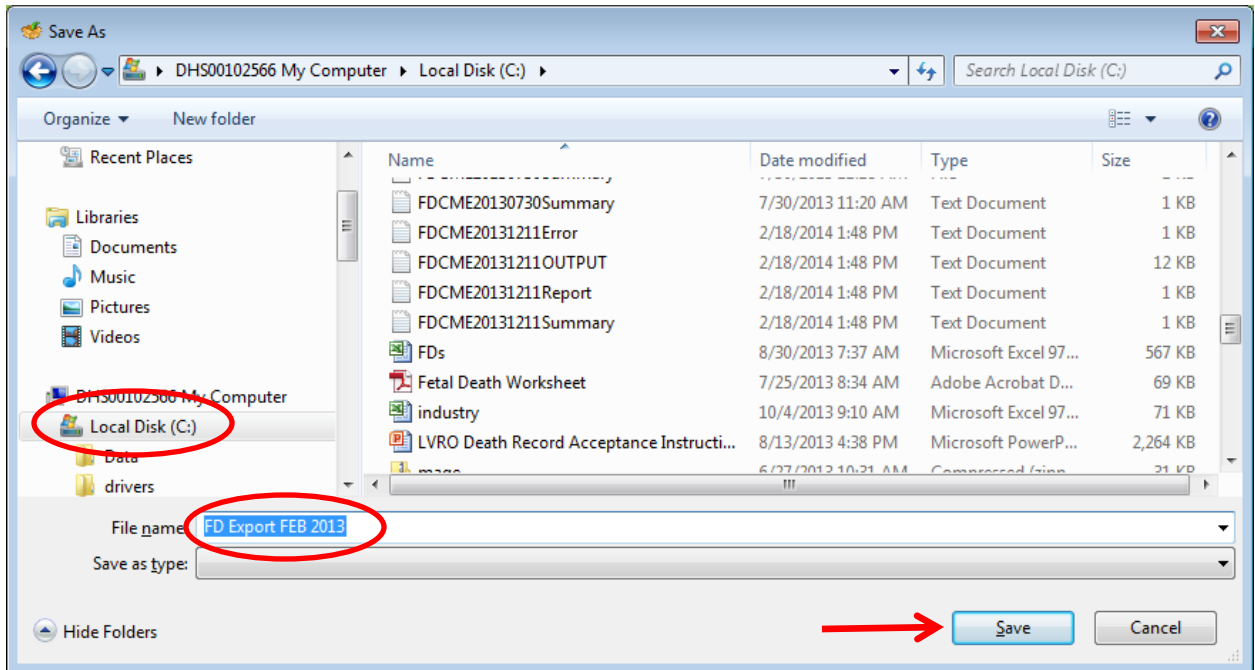
3. Select the "Browse Directory" button for each file (e.g., Output File, Report File) and then choose the file path.



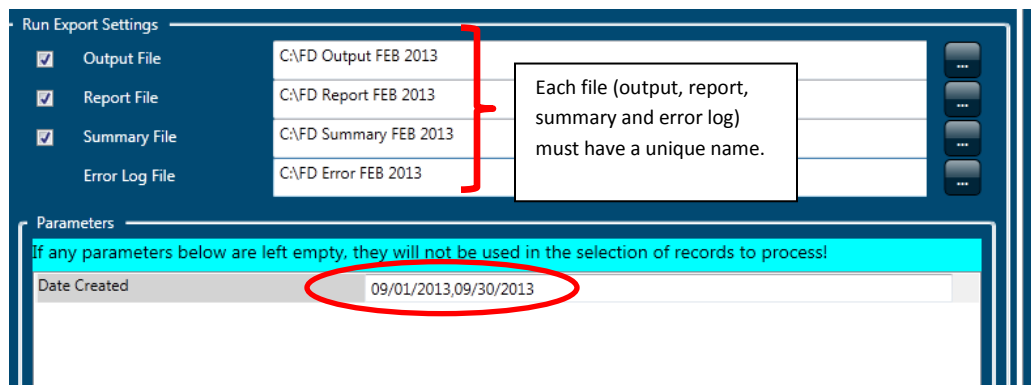
4. The file path selected must be the C: drive of your workstation. Then name the file and select "Save." Each of the 4 four files must have a unique name.

NOTE: Steps 3 and 4 must be performed for each file.

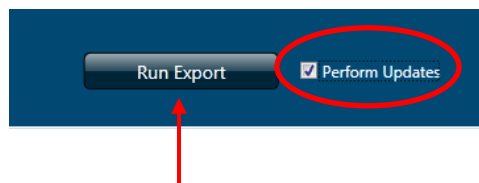




5. The report pulls records based on the date the record was created. Enter the Date Created parameter for the set of records to export. All date parameters should be entered in MM/DD/YYYY format with a comma between the date ranges (e.g., 09/01/2013,09/30/2013). It is VERY important to remember to enter the Date Created parameter so that SVRIS doesn't search all records in the system. Enter the parameters the export should use.

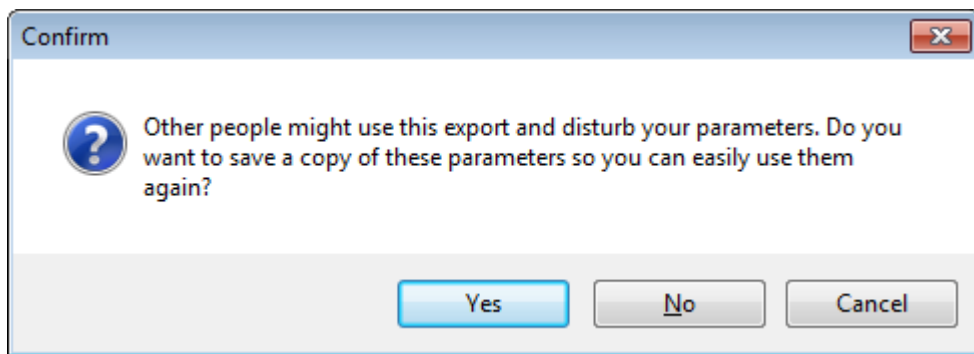


6. Check the box "Perform Updates." This will mark the death records that are pulled so that they will not be pulled in subsequent exports.

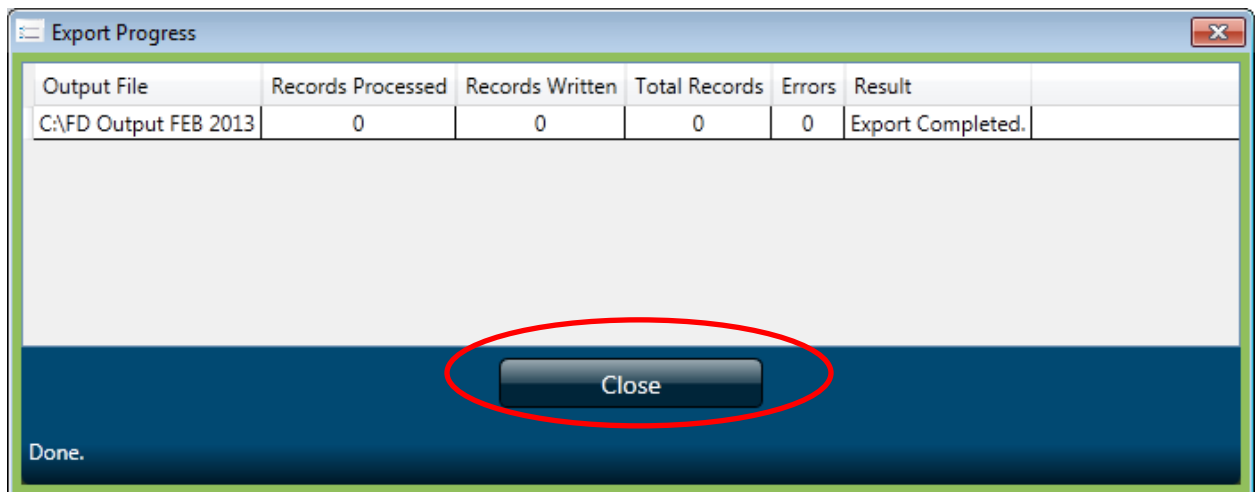


7. Select "Run Export." A message will appear, asking if the parameter should be saved. You may choose to or choose not to save your parameters. Since updates are being

performed, it is unlikely that the parameters should be saved. Select either “Yes” or “No.”



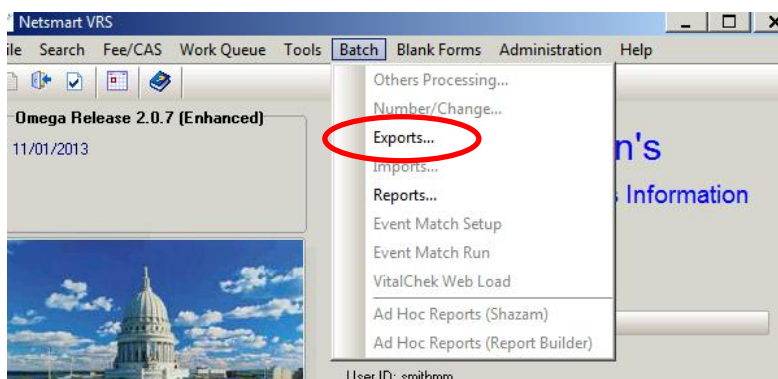
8. Once the export is complete, select “Close.” Your files are located in the directory you selected in step 4.



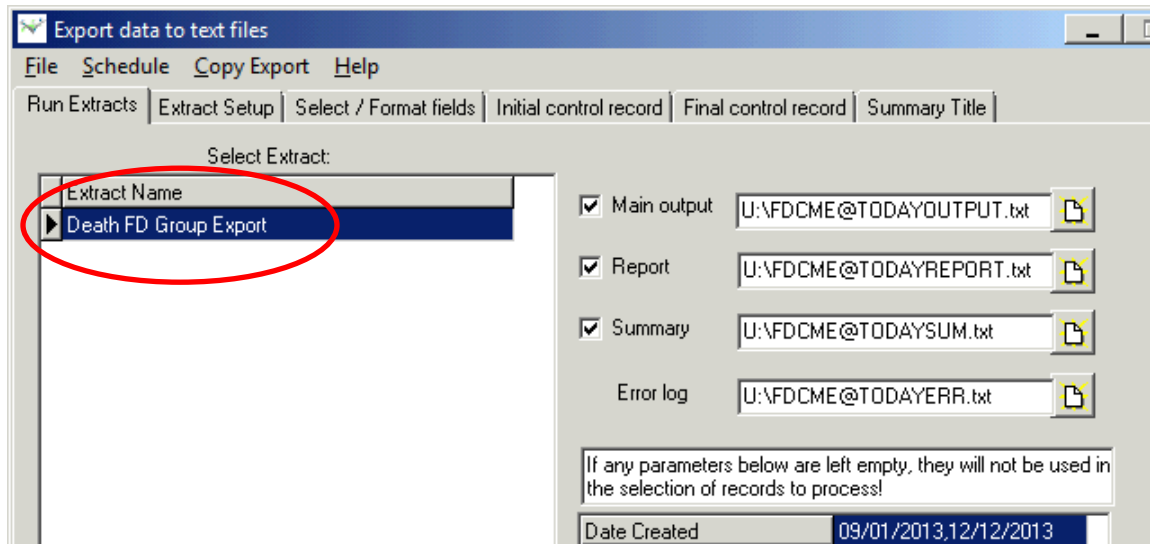
Using Apple

To run the Death FD Export:

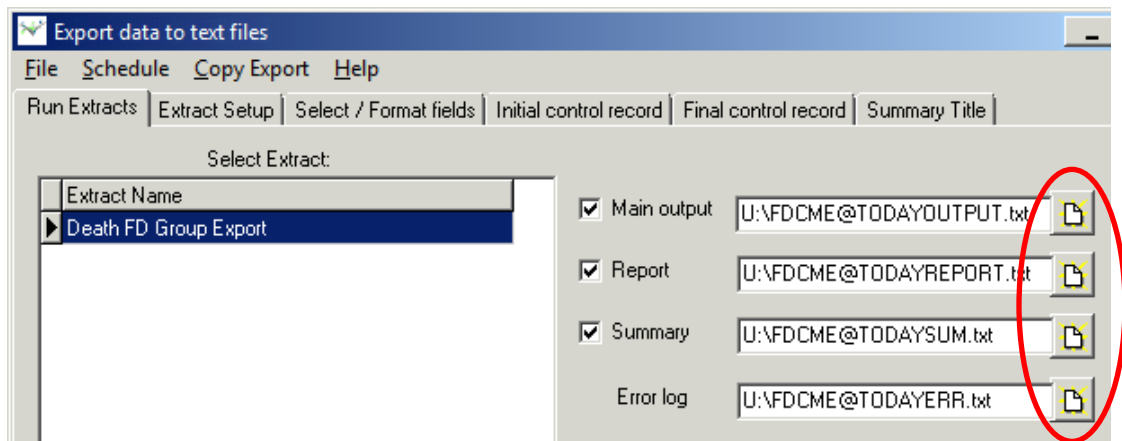
1. From the Home Screen of SVRIS, select the Batch menu and then choose Exports. This will open the Export Utility.



2. In the Export Utility, highlight the export on the left side called Death FD Group Export or Death FD Export. The export available is dependent on the role you are using. The Death FD Export is available if you have a Funeral Director role and the Death FD Group Export is available if you have a Corp Funeral Director role.

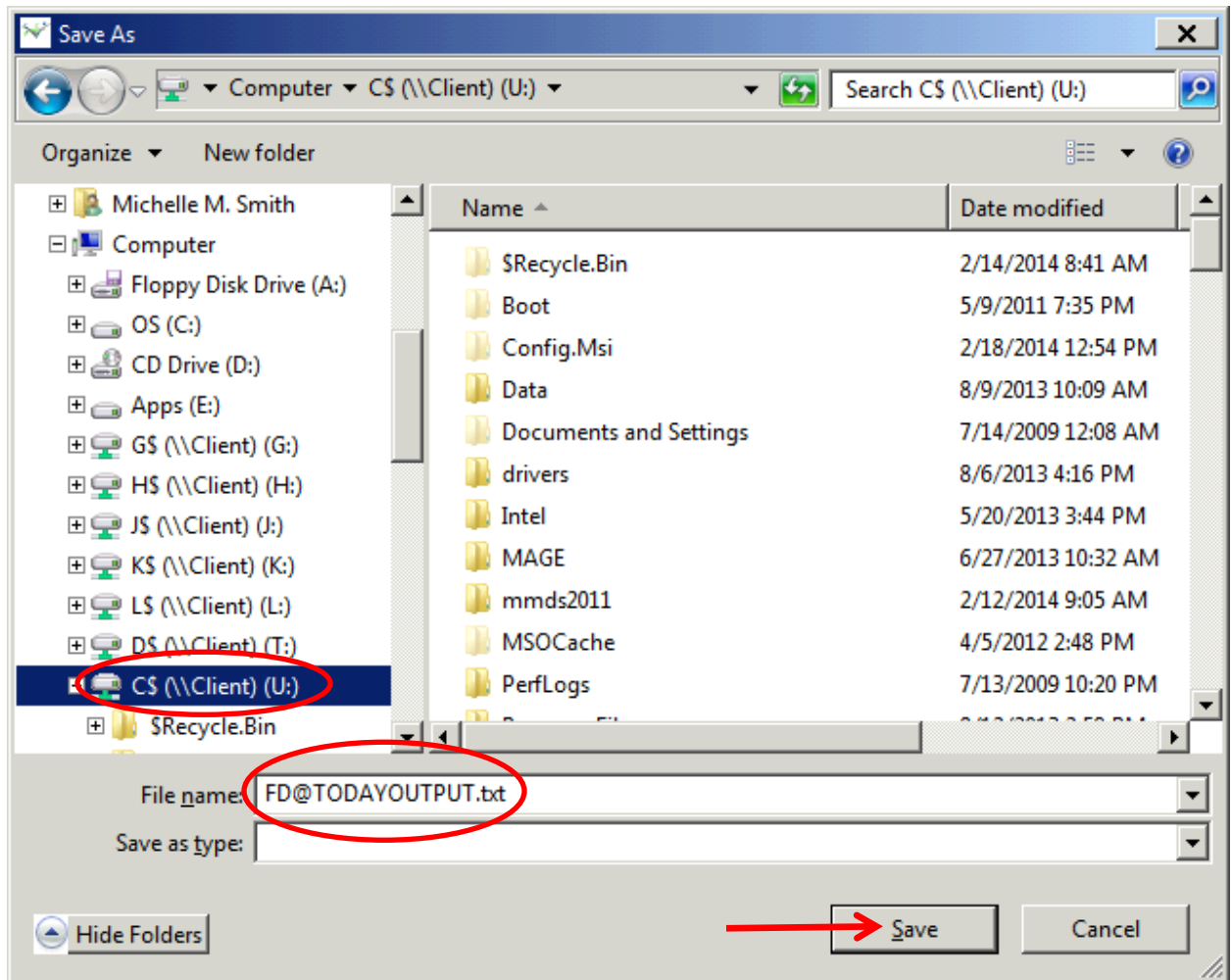


3. Select the "Browse Directory" button for each file (e.g., Output File, Report File) and then choose the file path.

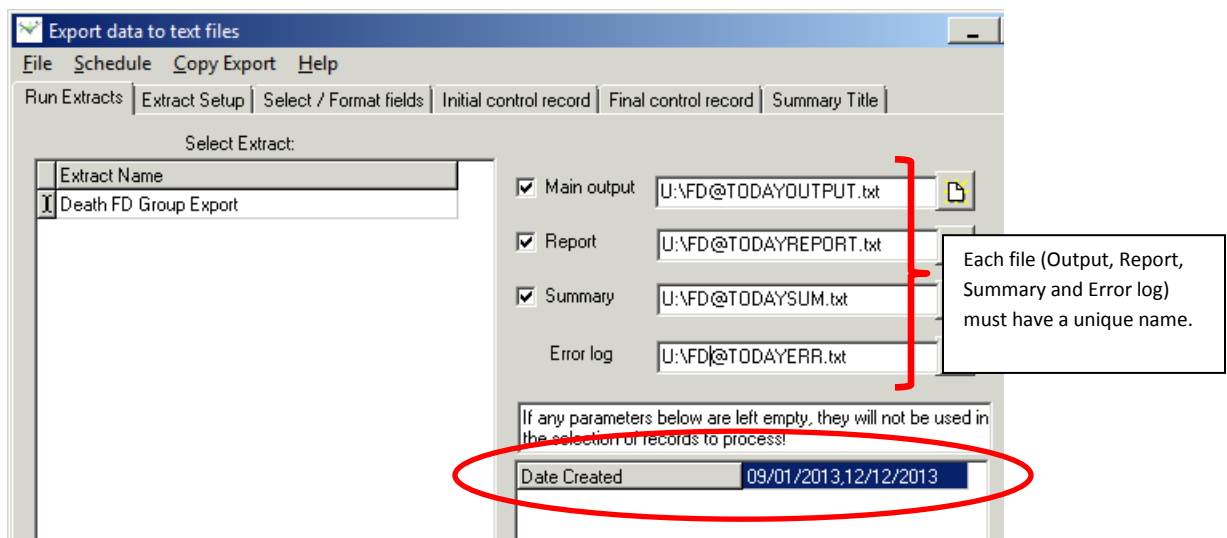


4. The file path selected must be the C\$ (\\Client U:) drive of your workstation. Then name the file and select "Save." Each of the 4 four files must have a unique name.

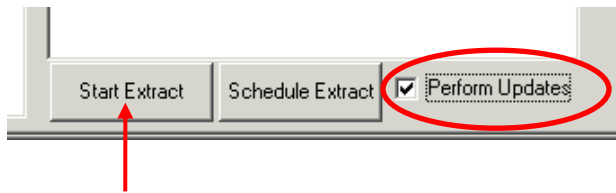
NOTE: Steps 3 and 4 must be performed for each file.



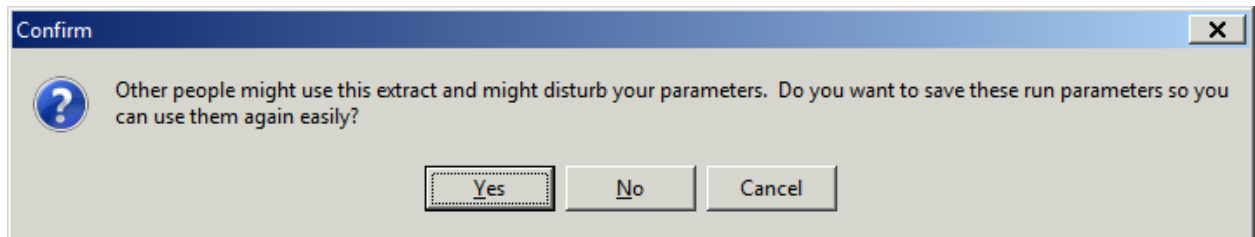
5. The report pulls records based on the date the record was created. Enter the Date Created parameter for the set of records to export. All date parameters should be entered in MM/DD/YYYY format with a comma between the date ranges (e.g., 09/01/2013,09/30/2013). It is VERY important to remember to enter the Date Created parameter so that SVRIS doesn't search all records in the system. Enter the parameters the export should use.



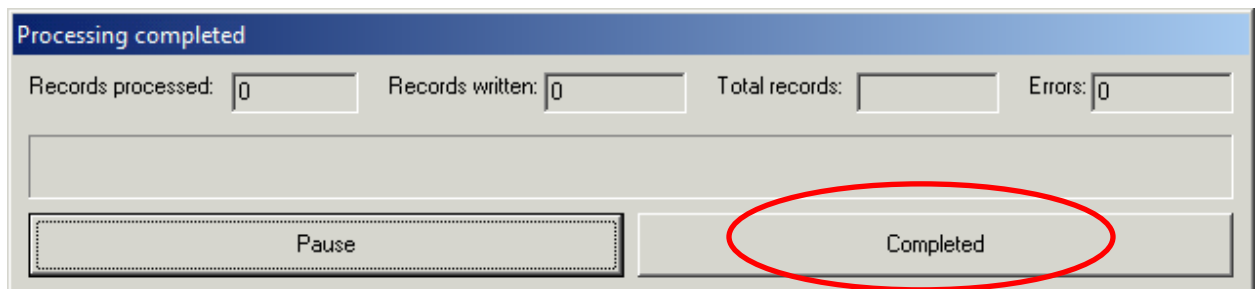
6. Check the box “Perform Updates.” This will mark the death records that are pulled so that they will not be pulled in subsequent exports.



7. Select “Start Extract.” A message will appear, asking if the parameter should be saved. You may choose to or choose not to save your parameters. Since updates are being performed, it is unlikely that the parameters should be saved. Select either “Yes” or “No.”



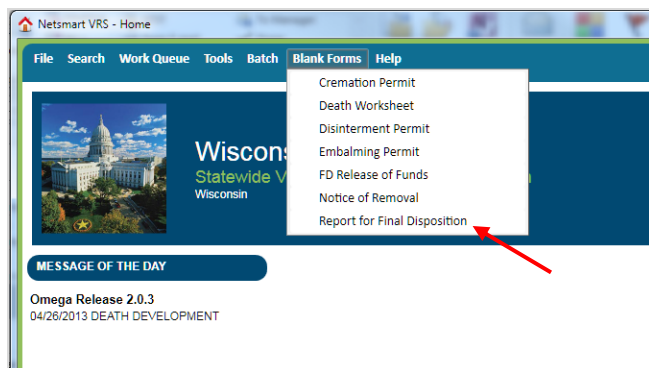
8. Once the export is complete, select “Completed.” Your files are located in the directory you selected in step 4.



Printing Documents

Blank Forms

SVRIS provides blank forms to assist users in performing their work. Blank forms are available in the Blank Forms menu of the SVRIS home screen seen below. To print a blank form, select it from the list. The following forms are available for printing:



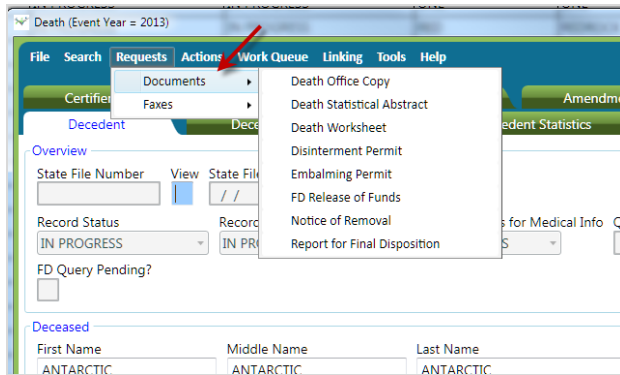
After selecting the desired document, it will open in a print preview window. To print the document, click on the printer icon at the top left of the window.

A screenshot of the 'Report for Final Disposition' form in a print preview window. The window title is 'View'. A red arrow points to the printer icon in the top left corner of the window. The form is titled 'REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE AND OUT-OF-STATE BURIAL TRANSIT PERMIT' and is issued by the 'DEPARTMENT OF HEALTH SERVICES, Division of Public Health, STATE OF WISCONSIN'. It contains various fields for recording death information, including: 1. DECEDENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix), 2. SEX, 3. AGE AT DEATH (Years, Days, Mins, Months, Hours, Stillbirth), 4. DATE PRONOUNCED DEAD, 5. TIME PRONOUNCED DEAD, 6. DEATH PRONOUNCED BY, 7. PRONOUNCER'S NAME, 8. HOSPICE RESPONSIBLE FOR CARE?, 9. HOSPICE NAME, 10. HOSPITAL DEATH (Inpatient, Outpatient, DOA from NH, ER from NH, DOA from Other, ER from Other), 11. OTHER PLACE OF DEATH (Nursing Home, Residential Care Apt (RCAC), Decedent's Residence, Adult Family Home (AFH), Hospice Facility, CBRF, Other), 12. FACILITY NAME (if applicable), 13. COUNTY OF DEATH, 14. CITY, VILLAGE, OR TOWNSHIP OF DEATH, 15. ADDRESS OF DEATH, 16. ZIP CODE, 17. MEDICAL CERTIFIER INFORMATION (Physician, Wisconsin Coroner/M.E., or Deputy Coroner/M.E.), 18. CERTIFIER'S NAME & TITLE, and 19. CERTIFIER'S ADDRESS. The form also includes a footer note: 'Information provided below is for Funeral Director, Coroner/Medical Examiner and Local Registrar use and for out-of-state transit. It is not open to public inspection.'

Populated Documents

Completed or partially completed documents are available for printing in SVRIS. Completed or partially completed documents can be printed from the Requests menu, when a death record is open in SVRIS.

In the example below, a death record was searched and displayed. Once the record is displayed, click on the Requests menu and choose the appropriate documents to print.



After selecting the desired document, it will open in a print preview window. To print the document use the printer icon at the top left of the window.

View

Department of Health Services
Division of Public Health
(Rev. 07/10)

WISCONSIN DEATH WORKSHEET

State of Wisconsin
Chapter 65, Wis. Stats.
Page 1 of 2

Decedent's Current Legal Name - First Middle Last Suffix

ANTARCTIC ANTARCTIC ANTARCTIC

If Alias Used: Alias Name - First Middle Last Suffix

Sex Social Security Number Date Pronounced Dead Time Pronounced Dead (0000-2359) Pronouncer's Name & Title

MALE 273-74-7288 MARCH 06, 2013 0400 M. MEDICAL EXAMINER

Reportable to C/ME? ☐ Yes ☒ No Hospice Responsible for Care? ☐ Yes ☒ No Hospice Name

State & County of Incident: Other Place of Death

Hospital Death: ☐ Inpatient ☐ Outpatient ☐ DOA from NH ☐ Nursing Home ☐ Decedent's Residence ☒ Hospice Facility ☐ CBRF

☐ DOA from Other ☐ ER from NH ☐ ER from Other ☐ Residence Care Apt (RCAC) ☐ Adult Family Home (AFH) ☐ Other

If Applicable, Facility Name: County of Death City, Village, Township of Death ☒ City ☐ Village ☐ Township

ASERACARE HOSPICE - GREEN BAY BROWN GREEN BAY

Street Address Zip Code

1294 LOMBARDI AVE 54304

Decedent's Birth Last Name Date of Birth (mm/dd/yyyy) Age at Death ☒ Years ☐ Hours ☐ Months ☐ Mins Country/State of Birth

ANTARCTIC 04/04/1920 02 U.S. WISCONSIN

1/2 140 Page: 215.90 x 279.40

Close

Appendixes

- **Help Text**
- **Hint Text**
- **Review Errors and Queries**
- **System Preferences**

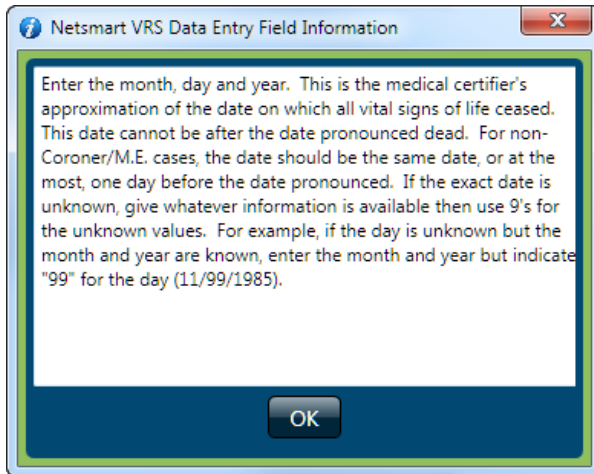
Turning off the Error Beep

Changing Background Color

- **Changing User Roles**
- **SVRIS Keyboard Shortcuts**
- **Wisconsin Help Desk Contact Information**

Help Text

Help Text is provided by SVRIS for some fields. Help text assists by providing instruction on how to complete the field. To access help text, press F1 anytime you are in a field.



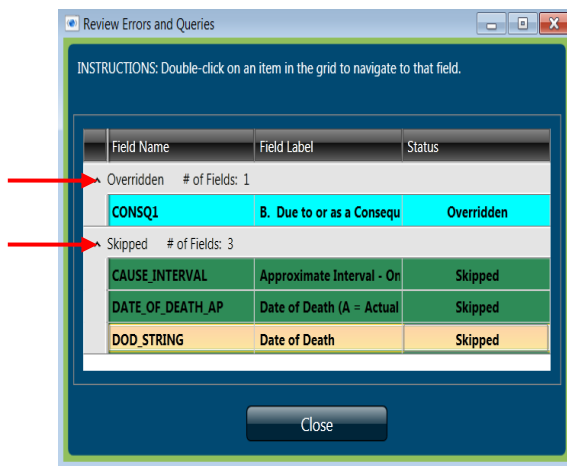
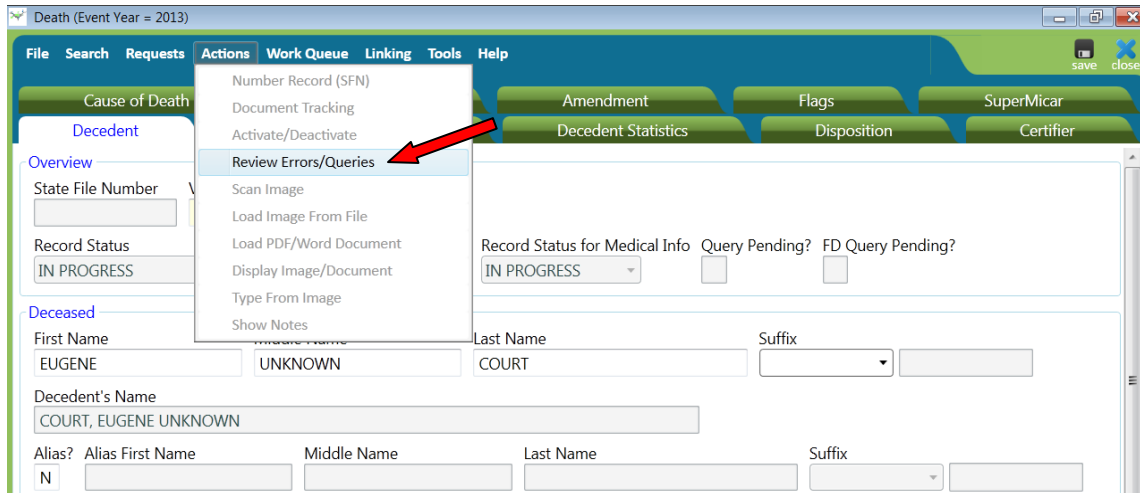
Hint Text

Hint Text is available for some fields. Hint Text assists by providing advice on proper entry for the field. To access, hover the cursor over or near the field of entry. A message will appear with the advice for that field. Below is an example of Hint Text for the Attendant Title field.

Deceased		
First Name	Middle Name	Last Name
VIVIAN	UNNAMED	ONE
If there are 2 first names, enter the two first names with a space between them.		
Deceased Name		
ONE, VIVIAN		

Review Errors and Queries

The Review Errors and Queries screen displays all fields in a given record that need attention. This screen can be accessed at any time from within a record. To display all the fields in a given record that need attention, open the Actions menu and select “Review Errors/Queries.”



The fields are grouped by category: “Overridden” or Skipped” - and are color coded. See below for more details on the different colors for field edit results.

OVERRIDDEN will be shown in blue. This means that the user knows it does not meet the requirements of the edit but it is accurate.

SKIPPED will be shown in green. This means that an error was found but the field was skipped.

Double-click any of the entries in the Review Errors and Queries screen to be taken to that field. For example, double-clicking on the “CAUSE_INTERVAL” field found in SKIPPED status will take you to the “Approximate Interval Between Onset and Death” field in the death record. You will then be able to complete that field.

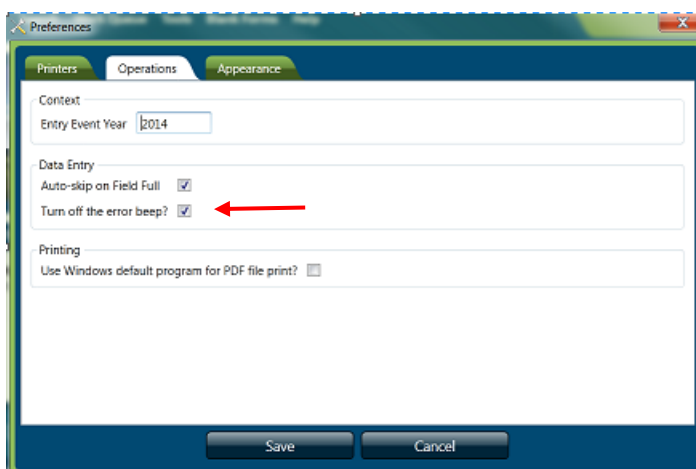
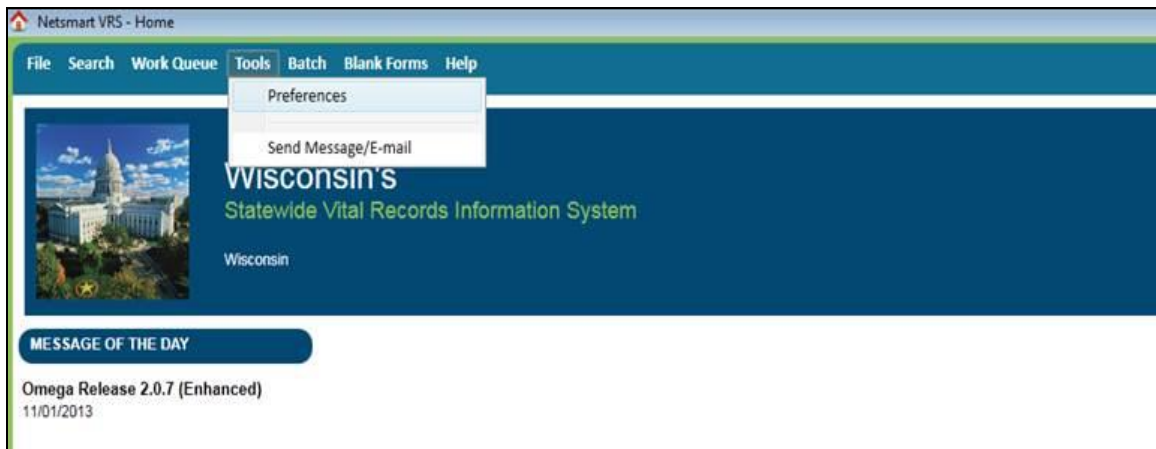
System Preferences

SVRIS allows users to set Preferences. These Preferences only need to be set once. They will remain until changed by the user. Select the Tools Menu → Preferences. Preferences consists of three tabs—Printers, Operations, and Appearance. Preferences will open on the Printers tab. This tab should be left alone. If you need assistance with your printer, contact the Help Desk at 1-866-335-2180.

The Operations tab has two items under the Data Entry paragraph. Leave the “Auto-skip” in the default setting. “Auto-skip” means that the cursor will automatically advance to the next field during data entry. Do not make changes to the Printing paragraph on this screen.

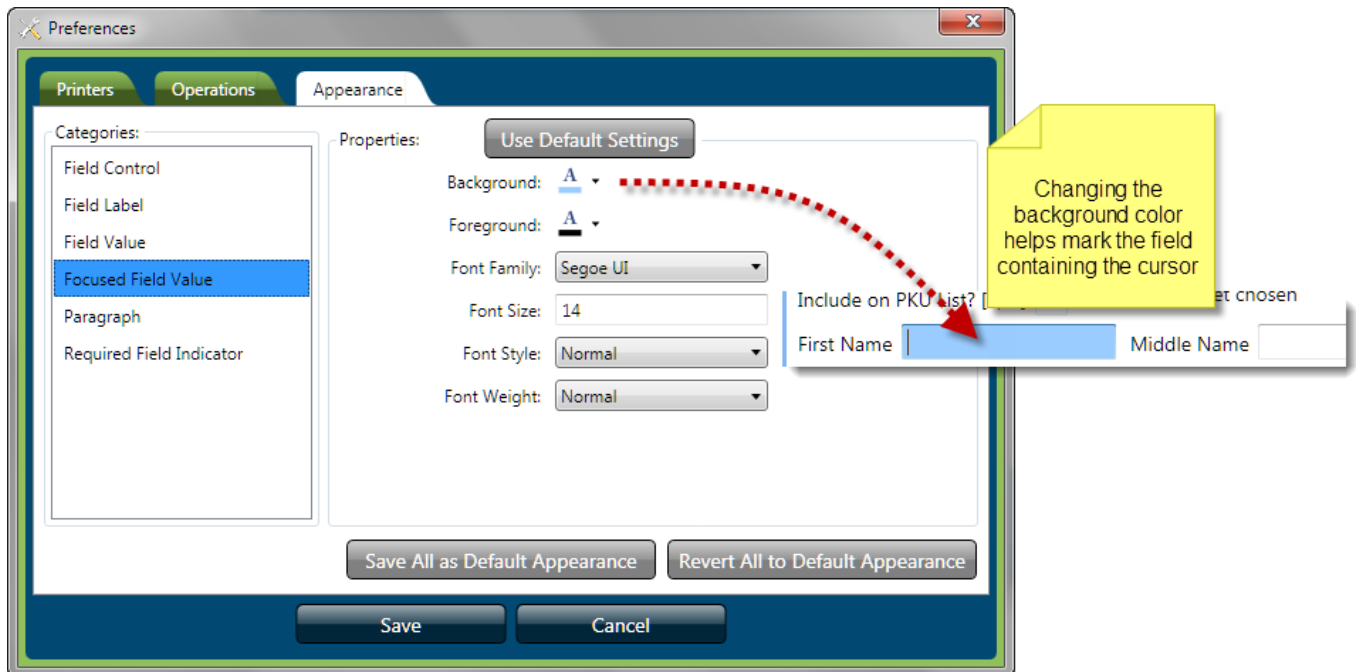
Turning off the Error Beep

The Error Beep can be quite annoying. You will want to turn this off. Mark the checkbox next to “Turn off the error beep?” Once the checkbox is checked, no beep will sound when a message or error box opens.



Changing Background Color

The Appearance tab controls color and other format items. One format you might want to change is the background color of the active field. The active field (where the cursor is located) will be highlighted in color. Click on the Appearance tab, select the “Focused Field Value” category on the left and select the desired color from the background dropdown list. In the example below, blue was chosen from the background color dropdown list.

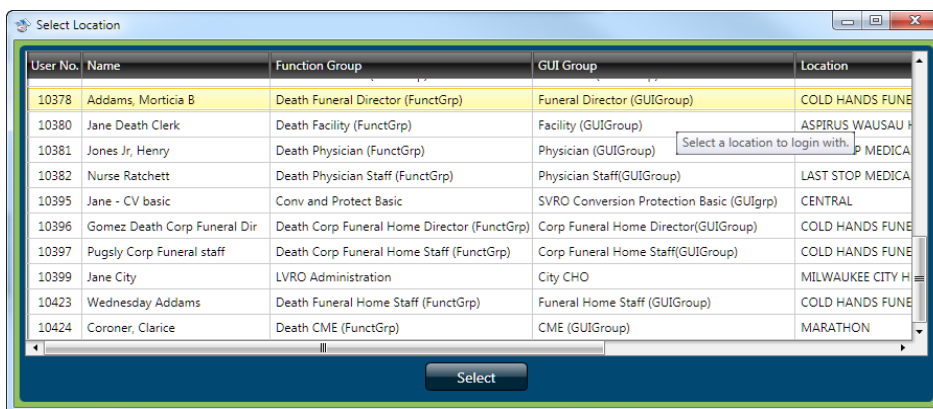
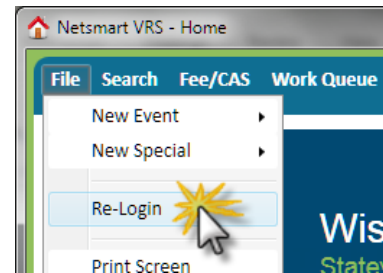


After all changes on all relevant tabs have been completed, click the Save button.

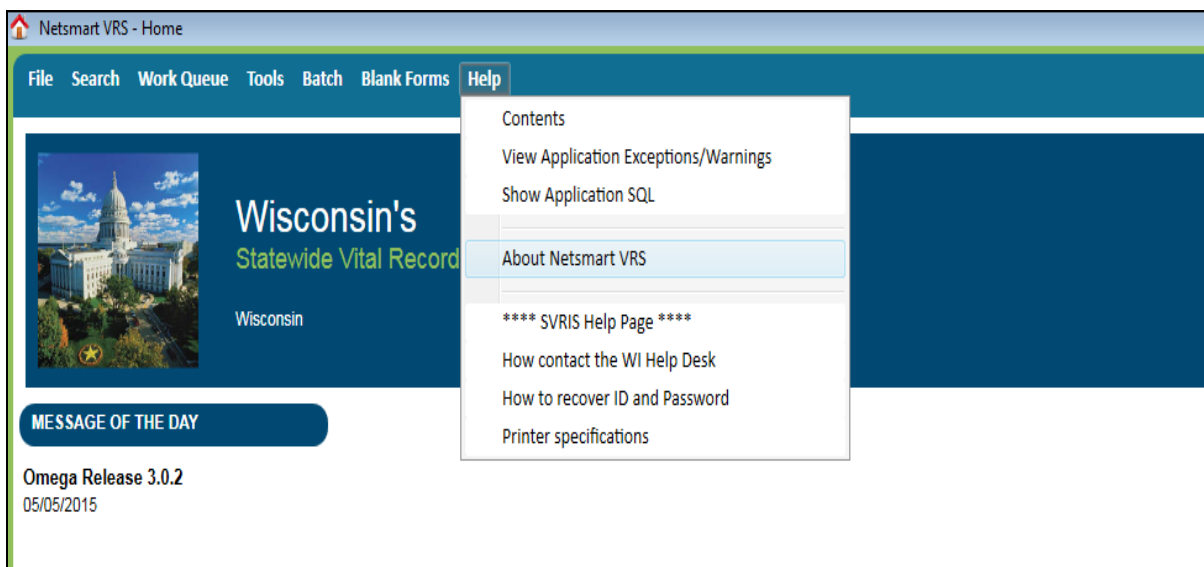
Changing User Roles

A user role controls what you see and do in SVRIS. Roles identify a user in the system and regulate what records can be accessed.

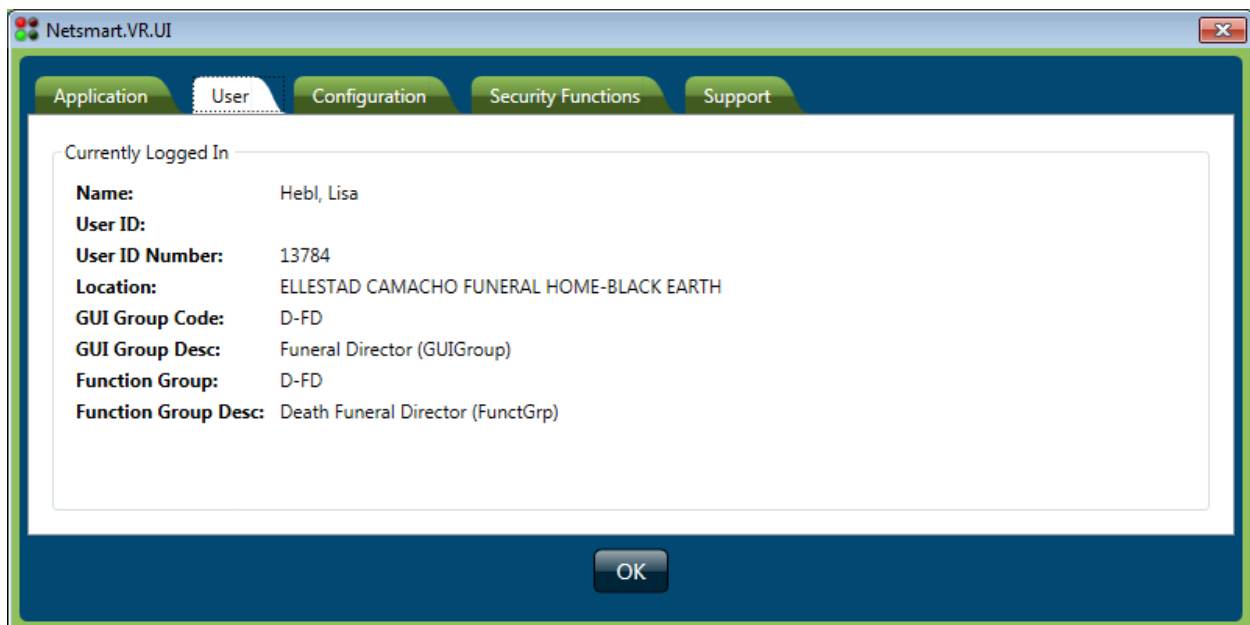
After initially logging into SVRIS, to change the user role you are using, select Re-Login from the Home Screen. This will open the select location window. The select location window will have all the user roles you have available. Click on the desired user role to select it, click on the select button at the bottom of the window to login with that user role.




To verify what role you are logged in under, select “About Netsmart VRS” from the Help menu on the home screen. The user tab will display the current login information.



When “About Netsmart VRS” is selected, the screen below is what appears first. Then, the user should select “User” to get information about their role (see next screenshot).



SVRIS Keyboard Shortcuts

New record (not available for Physician roles)	Ctrl - D
Move to next field	Tab key
Move to next Tab	Ctrl - Tab Key
Move to previous field	Shift - Tab Key
Move to previous Tab	Shift - Ctrl - Tab Key
Move to first field of next section	Ctrl - P
Clear a field – clears field where cursor is	Delete key
Enter today's date in a date field	T
Select a checkbox 	Spacebar or click – this places a checkmark OR clears a checkmark
Close Window	Alt - F4
Save	Ctrl – S

Wisconsin Help Desk Contact Information

STATEWIDE VITAL RECORDS INFORMATION SYSTEM (SVRIS) 1/16/2014

Step 1:

Forgot Your Logon ID (User Name) or Password?

If you have a unique email address, go to the following website to recover your information:

<https://register.wisconsin.gov>. Click on the Logon ID/Password Recovery link under “Forgot Your Logon ID or Password?” and follow the instructions.

If you share an email address you will not be able to use the password/logon recovery system. You will have to contact the Help Desk. Please refer to Step 2 below.

Note: if you unsuccessfully attempted to log on 3 times you will need to have Help Desk reset your password.

TROUBLESHOOTING:

For the problems listed below, first go to **your facility’s** IT Support staff; do not call these problems in to the WI Help Desk.

1. Internet connectivity problems
2. Hardware problems (including printers).

Before contacting the Help Desk, see “TROUBLESHOOTING CHECKLIST” below.

Step 2:

HOW TO CONTACT THE WISCONSIN HELP DESK

(Before contacting the Help Desk see page 2, “TROUBLESHOOTING CHECKLIST”)

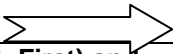
Local Madison Number: **608-261-4400** (Toll Free) **1-866-335-2180** TTY: **1-888-845-4160¹**

Wisconsin Help Desk Website: <http://www.helpdesk.wi.gov/>

Internet email: helpdesk@wi.gov

The Help Desk takes calls 24 hours a day, every day (weekends and holidays included). See page 2 for details on response times.

When you contact the Wisconsin Help Desk, please select “1” for DHS and provide the following information:

Help Desk Question	Your Response
How can we help you/What is your problem?	I am having problems with a “Vital Records System.”
See Note: 	NOTE: It is absolutely CRITICAL that you specify “Vital Records System.” If you do not, your call may be misrouted and help will be significantly delayed.
Name (Last, First) and Contact Information?	Give your name (if you are calling for another user, provide that user’s information for all of the questions). Supply the best phone number and time for a return call
Where are you calling from/What is your location?	County Clerk Office: Provide your agency and county/city (e.g. Iron County Clerk Office). LVROs: Provide your agency and county/city (e.g. Dunn County Register of Deeds). Funeral Homes/Medical Certifiers/Facilities: Provide organization name and city (e.g., Smith Funeral Home in Edgerton, Wisc. or Dunn County CME). Hospitals: Provide your facility name and city (e.g., St. Mary’s Hospital - Madison).
What is the problem? Note 1: For business process problems, you will receive a response during State Vital Records Office business hours. See page 2 for response times.	Be as specific as possible in describing the problem and include any error messages that you encountered (if possible, write it down so you have the exact message). Generally, problems can be categorized as follows: (a) Business process problems (screen navigation, starting or completing a record, searching for a record, printing a document, running a standard report, etc.). (b) SVRIS application problems (unable to access the application). Specify “This problem is to be given CRITICAL priority.” (c) Account problems (including password and logon ID issues). Specify “This problem is to be given CRITICAL priority.” NOTE: Do not give the WI Help Desk information about a specific record (e.g., name of an infant or decedent for confidentiality reasons.)

Wisconsin Help Desk Operations

The Wisconsin Help Desk is available 24 hours a day, seven days a week including State holidays and weekends. However, the Wisconsin Help Desk cannot resolve SVRIS user problems from your initial call. Instead, they gather critical information from you and route your problem ticket DIRECTLY to the Vital Records Support Team for resolution. The Help Desk will give you a unique problem ticket number. Write it down so that you can refer to it when the Vital Records Support Team member calls you back.

Problems Reported During State Vital Records Business Hours: The Help Desk will log your call and put it in a work queue for the Vital Records Support Team. You will receive a response during Vital Records Support Team hours: Monday – Friday from 7:45 A.M. to 4:30 P.M. excluding holidays.

Problems Reported Outside State Vital Records Business Hours: If your call is received outside of normal business hours, a Department of Health Services IT support agent **may** return your call and attempt to answer your question if the problem is critical. However, if the problem is not a general connectivity/login problem or a system problem with the application, server or infrastructure, you will have to wait for the Vital Records Support Team member to return your call during the next business day. See: <http://www.dhs.wisconsin.gov/VitalRecords/closedates.htm> for information on State holidays .

TROUBLESHOOTING CHECKLIST (Check this list before calling the Wisconsin Help Desk)

Problem	If Yes	If No
1. Are you logged into SVRIS and working, but having problems with navigating through screens or have questions about edits or how to perform a specific function?	Review SVRIS manual.	Go to Question 2.
2. Are you able to access the Internet (not the SVRIS application but the Internet itself)?	Go to Question 3.	Call your facility's IT support staff for help.
3. Are you able to get to the SVRIS screen? This is the link you should be using: https://vitalrecords.wisconsin.gov	Go to Question 4.	Verify the correct URL. If the URL is correct but unavailable, call the Help Desk.
4. After clicking on the appropriate link on the landing page, can you get to the login page?	Go to Question 5.	Call the Help Desk.
5. Can you successfully log into SVRIS?	Go to Question 6.	1. Confirm with your manager that your SVRIS account was activated. 2. If you forgot your user ID or password, go to https://register.wisconsin.gov to recover your account info.
6. Are you having problems with a printer (set up for SVRIS or printing a SVRIS document)?	Call your facility's IT support staff for help first.	If your IT support staff can't solve the problem, call the WI Help Desk.
7. Did any of the above steps resolve your problems?		Call the Help Desk.

¹ **NOTE:** The TTY number for contacting the help desk should only be used by people who are using a TTY device. If you are calling through the Wisconsin Telecommunications Relay System provided by the phone company, you should instruct the operator to connect using the local Madison telephone or the toll free number.