

Completing Personal Information and Affirming

1. Enter into the case. In the Death Registration Menu, complete all **Personal Information**.

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes

2. Complete the **Decedent's Legal Name**.

Decedent

Will medical institution be responsible for final disposition? This will default to "No".

Decedent's Legal Name

Prefix: First: Middle: Last: Suffix:

Decedent's Maiden Name

Last:

Aliases

[Add/Edit Alias Names](#) Option to input aliases.

Decedent Legal Name will populate based on the information inputted to create the case.

3. Input the Decedent's specific information including **Date of Birth, Social Security Number, Decedent's Birth Place**, and answering if the Decedent was **Ever in the US Armed Forces**.

Validate the Page Next

Sex: Social Security Number: None Unknown

Date of Birth: Years Months Days Hours Minutes SSN Verification Status: UNVERIFIED (0)

Decedent's Birth Place

City or Town: County: State: Country:

Ever in US Armed Forces?

4. Complete the **Resident Address**.

Validate the Page Next

Resident Address

Address

Street Number: Pre: Directional: Street Name, Rural Route, etc.: Street Designator: Post: Directional: Apt #: Suite #, etc.:

Zip Code: City or Town: County: State: Country:

Inside City Limits

Inside City Limits will always default to Yes.

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5. Input the Family Members information including the Decedent's **Marital Status**, **Surviving Spouse** (if applicable), and the Decedent's **Parents** information.

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Family Members

Marital Status Other Specify

Surviving Spouse's Name

First Middle Last (name prior to first marriage) Suffix

Father / Parent Name Prior to First Marriage

First Middle Last Suffix

Mother / Parent Name Prior to First Marriage

First Middle Last Suffix

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6. Complete the **Informant Name**, **Address**, and **Telephone Number**.

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Informant

Informant Name

First Middle Last Suffix

Relationship to Decedent Other specify

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc Street Designator Post Directional Apt #, Suite #, etc

Zip Code City or Town State Country

United States

Informant Phone Number

This is a new requirement.

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7. Utilize the dropdown for the **Method of disposition**, and select the **Date of disposition**.

Disposition

Method of disposition Other Specify

Cremation Clearance N/A

Date of disposition

8. Select the magnifying glass to search for the **Place of disposition** and choose the appropriate option.

Place of disposition

Place of Disposition

Lookup Place Of Disposition

Facility Name

Input the first 3 letters of the facility name followed by the % wild card. Ex. "AAA%"

Facility Name	Address	City	
AAA Funeral Home TEST	100 Sunset Landing	New London	select
Cedar Hill Cemetery	453 Fairfield Avenue	Hartford	select
Test Cemetery	1 Jones Rd	New London	select
Test Funeral Home	1 Clark Street	New London	select

Total Records : 4

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9. The funeral home information will populate based on login credentials. Verify that all information is accurate.

10.

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11. Input the Decedent's **Occupation**, **Industry**, completed level of **Education**, **Ancestry**, and **Race**.

Validate the Page → Next

12. Once the pages are complete and verified with green check marks, the **Sign** option will populate. Cases are not signed until all required certifications are complete.

If a cremation certificate is required, electronic approval from the Medical Examiner's Office will need to be obtained prior to signing.

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Once all requirements are met and the case is medically certified, the Personal Information can be signed. Check the box and select **Affirm**.

Affirmations

Affirm the following:

I affirm that, to the best of my knowledge, the personal information stated on this record is correct as provided by the informant and is submitted for filing by the local registrar.

The only caveat to this process is when a case is dropped to paper due to the medical certifier not being in the system. The personal information will need to be affirmed prior to the medical certification .