

# PUBLIC HEALTH & HUMAN SERVICES

Montana's Vital Statistics Information Management System (VSIMS)

User Manual

**Online Amendment Process** 

September 2024

# Montana's Vital Statistics Information Management System

## Online Amendment Process

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# Montana's Vital Statistics Information Management System

#### Online Amendment Process

<u>General Information</u>: The on-line Amendment process module is a component of the Vital Statistics Information Management System (VSIMS). It is a web based secure 128 bit encrypted system that requires login access. User ID's are assigned by the department and are reviewed and verified every six months. The system incorporates several features designed to ensure a user only has access to allowed data, the correct data is submitted, and to limit the amount of typing required.

At the bottom of most pages, there are two links:

- 1. "Home" will return the user to the home page from anywhere in the process without logging out
- 2. "Logout" will log the user out of the system.

# ONLINE AMENDMENT PROCESS

For: Certifying & Pronouncing Physicians, Physician Assistants, Advanced Practice Registered Nurses, Coroners, Deputy Coroners, Funeral Directors, Medical Examiners & Morticians

Mdiscovering NTANA	Department of Public Health & Human Services	
Logon Contact Us PHHS Home		
Connect to ow	s.hhs.mt.gov	
16:30:07] requ	s.hhs.mt.gov at vsims_test[@Mon,8 Aug 2011 iires a username and password.	
User name: Password:	Remember my password	
	OK Cancel	

1) Logon with your User Name & Password as you normally do.

Mdiscovering NTANA	Department of Public Health & Human Services
Deaths Messages Admin Help Home Logout	Vital Statistics Bureau VSIMS Version 2.0T172

2) Select "Deaths" from the list.

	Department of Public Health & Human Services
New Death Cert Query Death Cert Death Amendments  Death Main / Actions Hospital User Guide Home	Death Certificates Incomplete death certificates (user only) ▼
Logout	No Current Tasks.

3) Select "Query Death Cert" from the list.

	Department of Public Health & Human S	Services
Query Completed Record for View Only Query Incomplete Record for View Only Consolidated query Death Main / Actions Home Logout	Incomplete death certificates (user only) ╺ No Current Tasks.	Death Certificates
	No Current Tasks.	

4) Select "Consolidated Query" from the list.

	Department of Public Health & Human Services
Query Completed Record for View Only Query Incomplete	VSIMS_MORT/Test Funeral Home1/Fu Query Records
Record for View Only Consolidated query Death Main / Actions Home Logout	Query Data:       First Name     Middle Name       Date of MM DD YYYY     Optional End MM DD YYYY       Death     Date       Additional Number and Type
	Date of MM DD YYYY       SSN       State File Number       Optional Range         Birth       IIIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	<ul> <li>ONLY Return Interstate Certs</li> <li>Include Void Certs</li> <li>ONLY Return Void Certs</li> <li>Display 100 results per page.</li> <li>Continue/Search Reset Home</li> </ul>
	Image: Control Contro

5) Query for the Death Record needing an Amendment.

Enter the Name (usually only the last name) & Date of Death.

	Department of Public Health & Human Services
Query Completed Record for View Only	VSIMS_MORT/Test Funeral Home1/F
Query Incomplete Record for View Only	Query Records
Consolidated query	Query Data:
· · · · ·	First Name Middle Name Last Name
Death Main / Actions	
Home Logout	Date of MM DD YYYY Optional End MM DD YYYY Death Date
	Additional Number and Type
	All Types
	Date of MM DD YYYY SSN State File Number Optional Range
	Birth
	County of Death
	<ul> <li>O Include Interstate Certs</li> <li>Facility</li> <li>Include Interstate Certs</li> </ul>
	<ul> <li>Include Void Certs</li> <li>ONLY Return Void Certs</li> </ul>
	Display 100 results per page.
	Continue/Search Reset Home
	<< < > >> Page 1 of 1 GoTo
	Last Name First Name AKA DoD DoB File Number Inc. James

6) Select the correct record, if needed.

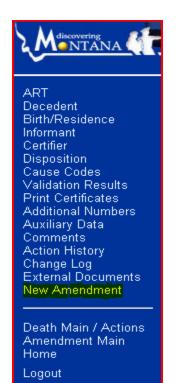
VSIMS_MORT/Tes	t Funeral Home1/F
James Completed Death Certificate	
View certificate	

# 7) Select "View Certificate"

	Department of Public	c Health & Human Ser		
ART Decedent Birth/Residence Informant Certifier		Decedent -	James -	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/08/2011 11:28 File #:
Disposition Cause Codes	PERSONAL INFORMATION			
Validation Results Print Certificates Additional Numbers Auxiliary Data Comments Action History Change Log	First Name James Gender Male	Middle Name	Last Name	Suffix AKA (0)
External Documents	Date of Birth (mm/dd6444)	SSN	Verification Status	

8) Verify the data needing to be Amended.

(Warning: if a field has been amended once then the *only* way to amend that field a second time is with a Court Order <u>except</u> when the first amendment to the field is to add missing information. i.e. "Date of Injury")

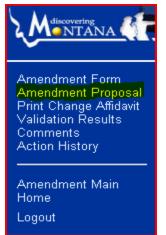


9) When you are ready to make a New Amendment, select "New Amendment" from the sidebar list.

AMENDMENT TYPE		
Module: DEATHS	File Number:	Date of Occurrence:
Name:		
Select an amer	ndment type:	▼
Create Ame	endment	

10) When you click on "New Amendment" the "Amendment Type" screen will pop up. You *must* select an amendment type. At this time the only available option is "Death– Generic Confidential Proposal"

AMENDMENT TYPE				
AMENDMENT TYPE     Module:     File Number:   DEATHS     DEATHS     Name:   James     Select an amendment type:   Death - Generic confidential proposal     Create Amendment				
Mdiscovering				
VIII NIANA	Department of Public Health & Human Services			
Amendment Form Amendment Proposal Print Change Affidavit Validation Results Comments Action History Amendment Main	Amendment - General In Amendment Date: Amendment Type: 08/08/2011 Death - Generic confidential proposal	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/08/2011 12:49 File #: 201147-000001 Affidavit Type: Affidavit Number:		
Home Logout	Date Started: 08/08/2011			
	Target Record Module: Name:	I Identification File Number:		
	DEATHS James Date of Occurrence:	Adoption Serial Number:		
	Informant I Informant's Name (First, Middle, and Last)	Information Informant Relationship: Relationship Other (specify)		
	Street Address Line One Street Address Line Two City County State Informant's Country	Informant Phone: Zip Code City/County Specify if "Other" City Specify if "Other" County Specify if "Other" State Specify if "Other" Country		
	Saved Cancel	Edit Death Record		



This is the beginning screen for the Amendment Process. For your access, every field is grayed out. These fields are for State use only.

11) From this screen select "Amendment Proposal" from the sidebar list.

		Department of Public Health & Human Services	
		Amendment - Quick Entry Amendment Proposal - James - J	VSIMS_MORT/Test Funeral Home1/Funeral Home S 08/08/2011 12:
		FIELDS	
	Field 2	Current Information	Proposed Change
	Save	Submit for Approval Cancel	

12) From this screen it is recommended you click on the [?] to bring up the available fields to amend.

# Funeral Directors & Morticians available fields to amend =

Decedent	Birth City	Time of Death	Hisp Origin - Not
Personal Information	Birth Country		Spanish/Hispanic/Latino
Actual / Approx Date of Death	Birth County	Disposition	Hisp Origin - Other
Age Days	Birth State	Disposition Information	Spanish/Hispanic/Latino
Age Hours	Decedent's Residence Address	Disposition Facility Name	Hisp Origin - Puerto Rican
Age Minutes	Inside City Limits	Method of Disposition	Hisp Origin - Refused
Age Months	Residence Address Line One	Other Facility City, State	Hisp Origin - Unknown
Age Wohlms Age Years	Residence Address Line Two	Other Facility Name	. 2
Age rears	Residence City	Other Method of Disposition	
Birth Day	Residence Country	Funeral Facility Information	
Birth Month	Residence County	Funeral Facility	
Birth Year	Residence State	Funeral Facility Other Address	
Death Day	Residence Zip Code	Mortician	
Death Day Death Month	Occupational History	Other Funeral Facility	
Death Year	Kind of Business/Industry	Other Mortician Name	
First Name	Type of Occupation		
Gender	Was Decedent Ever in U.S. Armed	Race	
Last Name	Forces?	Race - American Indian or Alaska Native	
Middle Name	Parents	Race - Asian Indian	
SSN	Father's First Name	Race - Black African American	
Suffix	Father's Last Name	Race - Chinese	
Place of Death	Father's Middle Name	Race - Filipino	
Death Address - City	Mother's First Name	Race - Guarnanian or Chamorro	
Death Address - City Death Address - County	Mother's Maiden Name	Race - Japanese	
Death Address - County Death Address - State	Mother's Middle Name	Race - Korean	
Place of Death		Race - Native Hawaiian	
Place of Death Facility	Informant	Race - Not Obtainable	
Specify Other Institution or Street and	Informant	Race - Other Asian	
Number	Informant's City	Race - Other Pacific Islander	
Specify Other Place of Death	Informant's Country	Race - Other Specify	
Additional Information	Informant's County	Race - Refused	
Education	Informant's Name	Race - Samoan	
Maiden Name of Spouse	Informant's State	Race - Unknown	
Marital Status	Informant's Street Address 1	Race - Vietnamese	
Spouse First Name	Informant's Street Address 2	Race - White	
Spouse Last Name	Informant's Zip Code		
Spouse Last Name Spouse Middle Name	Relationship to Decedent	Hispanic Origin	
	Specify Other Relationship	Hisp Origin - Cuban	
Birth / Residence		Hisp Origin - Cuban Hisp Origin - Mexican, Mexican	
Birth Information	Certifier	American, Chicano	
<u>birdi information</u>	Pronouncing Person	Hisp Origin - Not Obtainable	

Certifying & Pronouncing Physicians, Physician Assistants, Advanced Practice Registered Nurses, Coroners, Deputy Coroners available fields to amend =

# When to File a Hard Copy Affidavit for Correction

The above screens are specific to the upper and lower portion of a death certificate. If you do not see the field(s) you wish to change it may not be a field, you are allowed to change through this process.

If, as a Funeral Home/Mortuary, you transcribed the Certifier's portion of the death record you will only be able to amend the upper portion of the certificate through this process. If you made a typographical error in your transcription of the Certifier's portion you will have to submit a hard copy Affidavit for Correction to amend your error. (Faxed Affidavits for Correction will not be accepted, originally signed and notarized Affidavits for Correction are required)

If, as a Certifying Physician, Coroner or Medical Examiner, you were not transferred the Death Record from the Funeral Home or Mortuary to fill in your portion of the death record and transferred the Death Record back to the Funeral Home or Mortuary to submit to the State, you will only be able to make amendments to the record through the original method of sending a hard copy Affidavit for Correction.

IF YOU RECEIVE AN ATTENTION SCREEN LIKE THE FOLLOWING YOU WILL NEED TO FILE A PHYSICAL AFFIDAVIT FOR CORRECTION:

Completed Death Certificate	1
The record you have selected does not belong to your current facility. Please contact your Vital Records administrative offices if you need further information.	
Close	

<u>OR</u> IF THE "NEW AMENDMENT" OPTION IS NOT LISTED ON THE SIDE BAR WHEN YOU VIEW THE RECORD YOU WILL NEED TO FILE A HARD COPY AFFIDAVIT FOR CORRECTION.

PLEASE NOTE: if changing the Coroner/Certifying Physician (field #'s 26/27 &/or 45/46), you are required to send a hard copy affidavit with either a letter with both signatures or two separate letters signed by both persons. The letter(s) must state that "so-and so" is relinquishing responsibility and "so-and-so" is accepting responsibility for this death record.

If you receive a Query from Data Acquisitions Department you may use the Amendment Process to submit the necessary data unless *only* your signature is required to authorize a minor change they have already attended to, then you must return the Query letter. For example, a Query is sent to fill in the Injury Information portion of the Death Record or a Query is sent to fill in the decedent's resident county; use the Amendment Process.

	Department of	Public Health & Human Services	
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Entry Amendment Proposal - James -	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/18/2011 11:14
		FIELDS	
	Field 2	Current Information	Proposed Change
	Mother's First Name		×
	Save Submit for App	oroval Cancel	

13) Select the Field you wish to amend. Above you will see the Mother's First Name has been selected. The system will show you the old value, in this case **sector**, and will give you a blank field to fill in the corrected data.

	Department of Public He		
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Entry ent Proposal - James - James -	VSIMS_MORT/Test Funeral Home1/Funeral Home Staf 08/30/2011 11:20
		FIELDS	
	Field 2	Current Information	Proposed Change
	Mother's First Name		×
	Save Submit for Approval	Cancel	

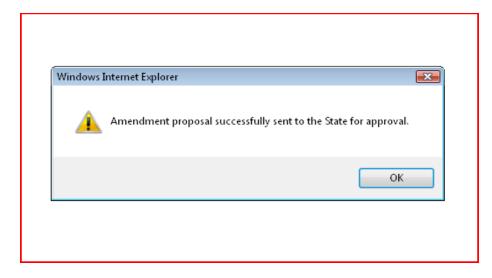
14) Let's say the decedent's mother's name was misspelled and should be **served**. Enter that data in the blank field. If you have more amendments to make you may continue clicking on the [?] and selecting fields to be amended. When you are finished making your proposal ...

	Department of Public He	alth & Human Services	
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Entry ent Proposal - James - James -	VSIMS_MORT/Test Funeral Home1/Funeral Home Staf 08/30/2011 11:20
		FIELDS	
	Field 2	Current Information	Proposed Change
	Mother's First Name		×
	Save Submit for Approval	Cancel	

15) Click on "Submit for Approval" where you will receive the following pop-up screens ...

Amendment Form Amendment Proposal Validation Results Print Change Affidavit	Department of Public Health & Huma Amendm Amendment Proposa	e <u>nt - Qui</u> ck Entr <u>v</u>	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/30/2011 11:20
		FIELDS	
	Field 2 Current Info	ormation	Proposed Change
	Mother's First Name		×
Wind	ows Internet Explorer 🛛 🔀		
	Phis proposal will now be submitted for approval.		
	OK Cancel		

Click "Ok" if you are ready to submit or "Cancel" if you need to add, change or cancel data ...



Your Proposal has been sent!

Funeral Home/Mortuary Please Note: When changing any portion of the decedent's age ...

		Department of Public He	alth & Human Services			
Amendment Form Amendment Proposal Validation Results Print Change Affidavit			Amendment - Quic ent Proposal - January Ja	k Entry	VSIMS_MORT/Test Funeral Home1/Funeral Hon 08/29/201	
			FIE	LDS		
	Field 2		Current Information		Proposed Change	
	Birth Year					×
	Save	Submit for Approval	Cancel			

Select the Field you wish to Amend from the [?] list, for example "Birth Year"

		Department of Public Health & Human Services	
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		<b>Amendment - Quic</b> Amendment Proposal - Ja	
		FIE	LDS
	Field 2	Current Information	Proposed Change
	Birth Year		×
	Save	Submit for Approval Cancel	

Fill in the blank field with the proposed data. If you try to submit from this point ...

Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick En Amendment Proposal -		Funeral Home Sta 08/29/2011 03:4/
		FIELDS		
	Field 2 Birth Year	Current Information	Proposed Change	×
	met Explorer any component of the date of birth anged, the age must also be specifi			

Warning: "If any component of the date of birth and/or date of death is being changed, the age must also be specified." Click "Ok"

		Department of Public He	alth & Human Services				
Amendment Form Amendment Proposal Validation Results Print Change Affidavit			Amendment - Qui ent Proposal -		VSIMS_MORT/Te	st Funeral Home1/Fun OE	eral Home Staft /29/2011 03:42
			F	TELDS			
	Field ?		Current Information		Proposed Char	nge	
	Birth Year						×
	Age Years						*
	Save	Submit for Approval	Cancel				

You must select the "Age Years", "Age Months", "Age Minutes", "Age Hours" or "Age Days" (which ever is applicable, majority of the time it will be "Age Years").

	Department of Publ	ic Health & Human Services		
Amendment Form Amendment Proposal Validation Results Print Change Affidavit	Ame	Amendment - Quick Entry endment Proposal - James -	VSIMS_MORT/Test Funeral Home1/Funeral Home Staf 08/29/2011 03:44	
	FIELDS			
	Field 2	Current Information	Proposed Change	
	Birth Year		×	
	Age Years		×	
	Save Submit for Approva	Cancel		

You then enter the age difference. If the Month or Day field are being changed and it *will not* affect the Age just enter the same data as what appears in the "Current Information" field.

Click the "Submit for Approval"

When your proposal has been successfully submitted you will be returned to the following screen.

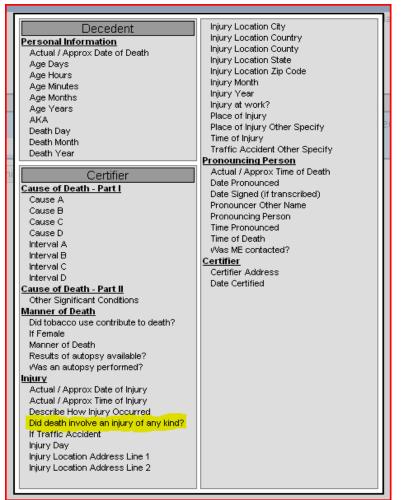
Mdiscovering NTANA	Department of Public Health & Human Services
New Death Cert Query Death Cert Death Amendments Death Main / Actions Hospital User Guide Home Logout	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/29/2011 04:37 Incomplete death certificates (user only) No Current Tasks.

### CERTIFYING PHYSICIAN, CORONER OR MEDICAL EXAMINER

When amending a death record for an "Accident", "Suicide" or "Homicide" to either complete missing information or correct information ...

		Department of Public Health & Human Services	
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Entry Amendment Proposal - James - J	VSIMS_MORT/Test Funeral Home1/Funeral Home S 08/08/2011 12:
		FIELDS	
	Field 2	Current Information	Proposed Change
	Save	Submit for Approval Cancel	

Begin the Amendment Process as lined out in pages 4-6.



Click on the [?] to bring up the available fields

You MUST select "Did death involve an injury of any kind?" and answer "YES". This will bring up the necessary fields you need to fill in to complete the death record.

	VSIMS Amendment - Quick Entr nent Proposal - Presley, Elvis - 0	- y	And Clark County Coroner's Office/County 09/C	y Coroner/M )2/2011 03:3
	FIELDS			
Field 2	Current Information		Proposed Change	
Did death involve an injury of any kind?	No			×
Injury Month			Yes	×
Injury Day			No	×
Injury Year				×
Actual / Approx Date of Injury				×
Time of Injury	hh:mm		hh:mm	×
Actual / Approx Time of Injury				×
Injury at work?				×
Place of Injury				×
Place of Injury Other Specify				×
If Traffic Accident				×
Injury Location Address Line 1				×
Injury Location Address Line 2				×
Injury Location Zip Code				×
Injury Location City	Other			×
Injury Location County	Other			×
Injury Location State	Other			×
Injury Location Country	Other			×
Describe How Injury Occurred		^ 		÷ ×
Save Submit for Approval	Cancel			

These are all fields related to injury information. Let's fill in the blanks for an example.

	Amendment - Quick	Entr	VSIMS_COR/Lewis And Clark Cour	ity Co	orone
	Amendment Proposal - Presley, EN				
	FIELDS				
Field 2	Current Information		Proposed Change		
Did death involve an injury of any kind?	No	]	Yes		×
Injury Month			12		×
Injury Day			31		×
Injury Year			2010		×
Actual / Approx Date of Injury		]			×
Time of Injury	hh:mm		Actual		×
Actual / Approx Time of Injury		]	Approximate		×
Injury at work?		]	Cannot be determined		×
Place of Injury		]		Ī,	×
Place of Injury Other Specify					×
If Traffic Accident		]		]	×
Injury Location Address Line 1					×
Injury Location Address Line 2					×
Injury Location Zip Code					×
Injury Location City	Other	]		]	×
Injury Location County	Other	]			×
Injury Location State	Other	]			×
Injury Location Country	Other	]			×
Describe How Injury Occurred		*		* +	×
Save Submit for Approval	Cancel				

Please select the correct option of "Actual" or "Approximate" for Date or Time of Injury. If unknown select "Cannot be determined.

VSIMS_COR/Lewis And Clark County Corone Amendment - Quick Entry Amendment Proposal - Presley, Elvis - 01/01/2011					
	FIELDS				
Field ?	Current Information		Proposed Change		
Did death involve an injury of any kind?	No		Yes	×	
Injury Month			12	×	
Injury Day			31	×	
Injury Year			2010	×	
Actual / Approx Date of Injury			Actual	×	
Time of Injury	hh:mm		2353 Military	×	
Actual / Approx Time of Injury				×	
Injury at work?			Actual	×	
Place of Injury			Approximate	×	
Place of Injury Other Specify			Cannot be determined	×	
If Traffic Accident				×	
Injury Location Address Line 1				*	
Injury Location Address Line 2				×	
njury Location Zip Code				×	
Injury Location City	Other			×	
Injury Location County	Other			×	
Injury Location State	Other			×	
Injury Location Country	Other			×	
Describe How Injury Occurred	]	Å		<u>^</u> ×	
	L	Ŧ		*	

The same options are available for both the Date of Injury and Time of Injury. Again, if unknown select "Cannot be determined". There are dropdown lists for other fields to help you make uniform choices. Other dropdown lists include:

"Injury at work?"

- Yes
- No

"Place of injury"

- Farm
- Home
- Industrial
- Institution
- Mine

• Other Specified –fill in the next field "Place of Injury Other Specify"

"If Traffic Accident"

- Driver/Operator
- Not Applicable Select if NOT a Traffic Accident!
- Other
- Passenger
- Pedestrian
- Unknown

and each portion of injury location; Country, State, County, and City. When filling in the address information you *must* start with Country, then State, then County, then City.

When filling in the Date of Injury you *must* fill in "Injury Month", "Injury Day", & "Injury Year". If injury "date" or "time" are unknown and you selected "Could not be determined" the appropriate fields will remain blank.

This is what your screen should look like when filled out completely.

When you are satisfied you have completed this portion to the best of your ability you may either click on [?] to add other corrections or click on "Submit for Approval".

#### REJECTED AMENDMENT PROPOSALS

There may be times your Amendment Proposal is rejected and returned to your system. You will need to check for rejected proposals periodically. To check, first sign in normally.

	Department of Public Health & Human Services
New Death Cert Query Death Cert Death Amendments Death Main / Actions Hospital User Guide Home Logout	VSIMS_MORT/Test Funeral Home1/Funeral Home Staff D8/29/2011 04:37 Incomplete death certificates (user only) v No Current Tasks.

Select "Death Amendments". On this screen you will see a list of any incomplete Amendments you have started and Rejected Amendments. You will have to look at each record listed to discover any Rejected Amendments.

	VSIMS_MORT/Te	st Funeral Home1/Funeral Hor 08/29/201
n Main / Actions	Death Certificate Amendments	
e ut	Incomplete death certificate amendments (user only) 🔻	
	Certificate: James; Amended By: Gold-mort Systems Amend death - Proposal AUG-29-11 Owner: Gold-mort Systems	Edit∕View
	Certificate:	Edit∕View
	Certificate: James; Amended By: Gold-mort Systems Amend death - Proposal JUN-02-11 Owner: Gold-mort Systems	Edit∕View
	Certificate: James; Amended By: Gold-mort Systems Amend death - Proposal MAY-06-11 Owner: Gold-mort Systems	Edit/View
	Certificate: James; Amended By: Gold-mort Systems Amend death - Proposal JUN-09-11 Owner: Gold-mort Systems	Edit/View
	Certificate: Norma; Amended By: Gold-mort Systems Amend death - Proposal JUN-08-11 Owner: Gold-mort Systems	Edit/View
	Certificate: Norma; Amended By: Gold-mort Systems Amend death - Proposal MAY-06-11 Owner: Gold-mort Systems	Edit/View

Select the record that has been rejected by selecting "Edit/View" then select "Amendment Proposal"

	Vital Statistics Bureau			
	Department of P	ublic Health & Human Services		
Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Ent Amendment Proposal - Tamendment Proposal -		ome1/Funeral Home S 08/29/2011 04
		FIELDS		
	Field 2	Current Information		
	Birth Year			×
	Age Years			×
	On 08/29/2011 at 04:37 PM reason:	/l, Gold-admin Systems rejected this amer	ndment proposal, and gave the following	
	This field has been amend	ed once, please send a Court Order to ma	ake this additional change, Thank you	
	OK Remind me later			

This screen will pop up and advise you why your proposal has been rejected. In the example above the "Birth Year" has been previously changed and now requires a Court Order to make any additional changes to this field. From here you can click "Remind me later" to come back to this issue or you can click on "Ok" to continue.

		Department of Public He	alth & Human Services			
Amendment Form Amendment Proposal Validation Results Print Change Affidavit			Amendment - Qui ent Proposal -	<b>ck Entry</b> James -	VSIMS_MORT/Test Funeral Hor	ne1/Funeral Home Staff 08/29/2011 04:41
			F.	IELDS		
	Field ?		Current Information		Proposed Change	
	Birth Year					×
	Age Years					×
	Save	Submit for Approval	Cancel			

If you are able to make a change to your amendment you may do so now and resubmit the amendment proposal. If you are not able to make a change to your amendment, as in the above example, you will need to select "Cancel".

Amendment Form Amendment Proposal Validation Results Print Change Affidavit		Amendment - Quick Entr Amendment Proposal - James -		neral Home Staf )8/30/2011 11:20
		FIELDS		
	Field 2	Current Information	Proposed Change	
	Mother's First Name			×
	ernet Explorer his proposal will be completely ren pplied to the record.	toved and no changes will be		
		OK Cancel		

When you select "Cancel" you will be warned that this proposal will be completely removed and no changes will be applied to the record. Click "Ok" if you are sure.

Windows I	nternet Explorer	
<b></b>	Amendment proposal successfully canceled.	
	ОК	