



**DEPARTMENT OF
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

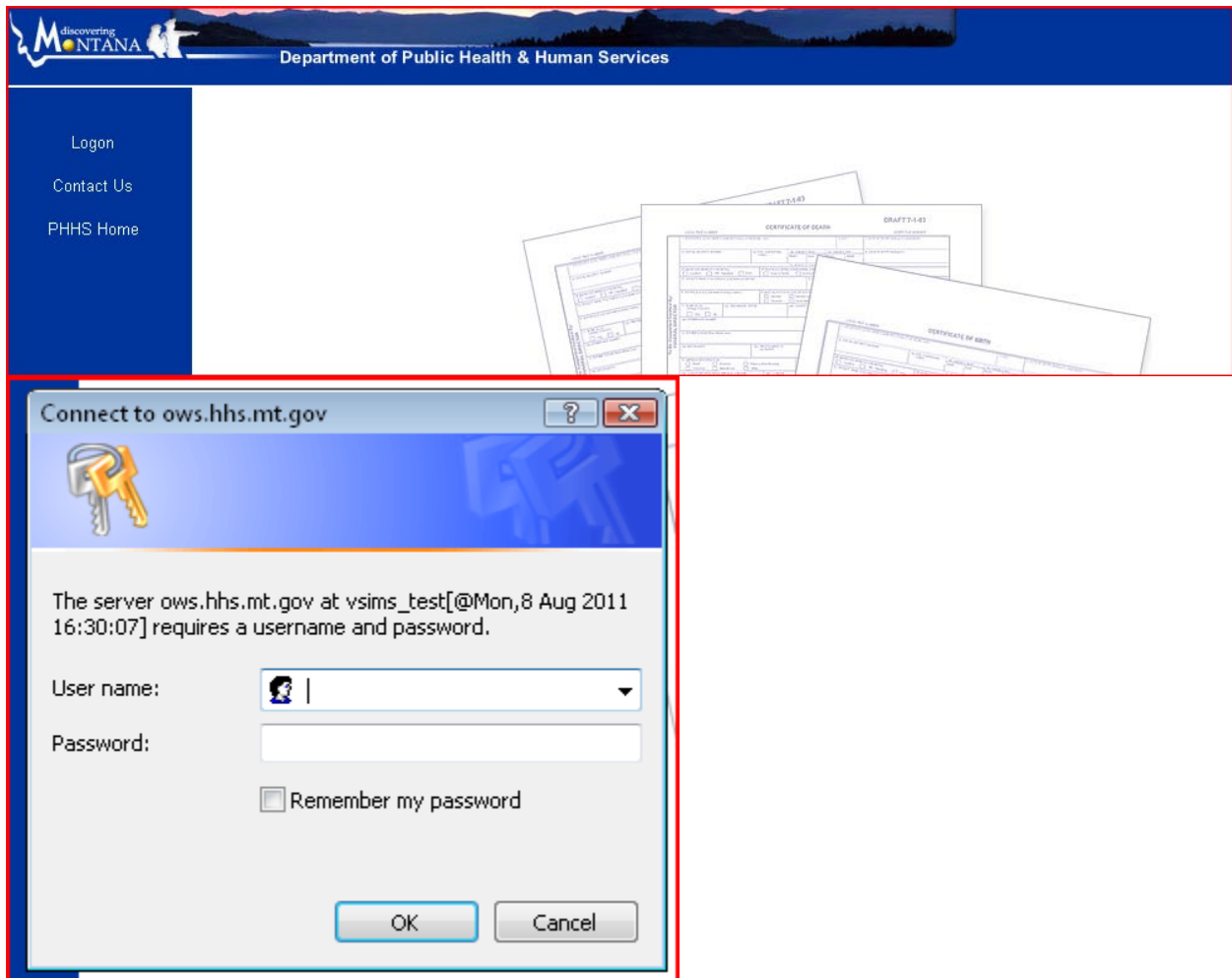
General Information: The on-line Amendment process module is a component of the Vital Statistics Information Management System (VSIMS). It is a web based secure 128 bit encrypted system that requires login access. User ID's are assigned by the department and are reviewed and verified every six months. 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:

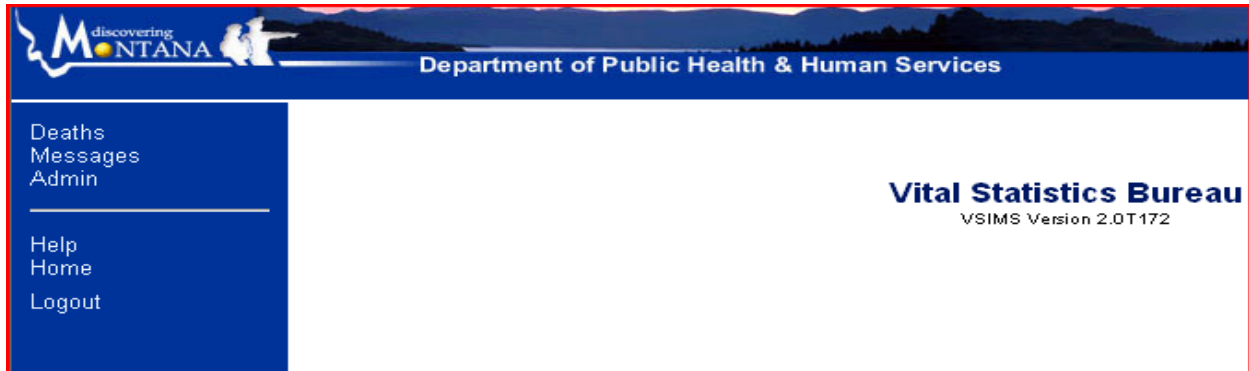
1. "Home" will return the user to the home page from anywhere in the process without logging out
2. "Logout" will log the user out of the system.

ONLINE AMENDMENT PROCESS

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



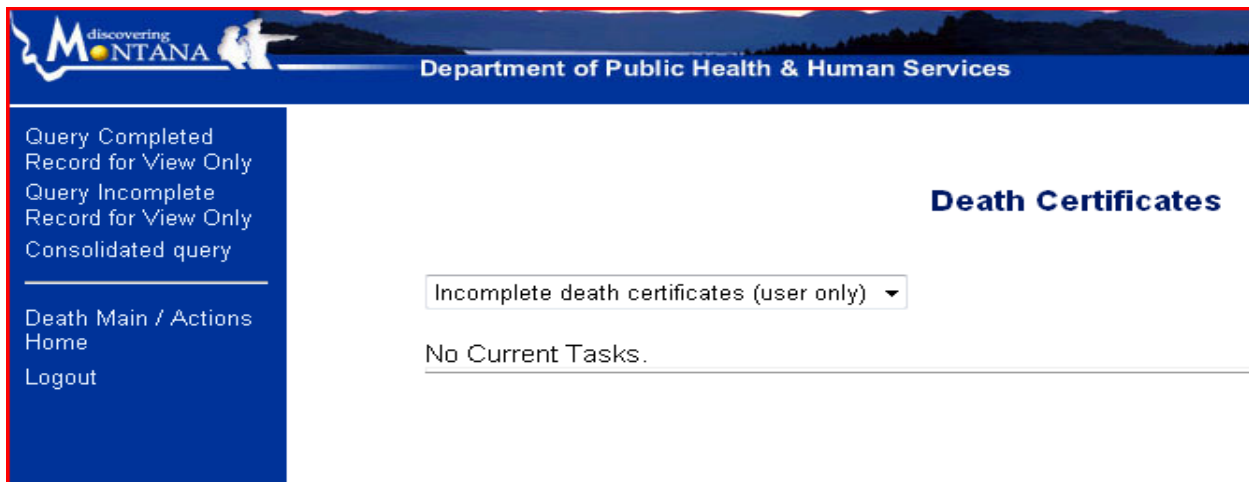
1) Logon with your User Name & Password as you normally do.



2) Select "Deaths" from the list.



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



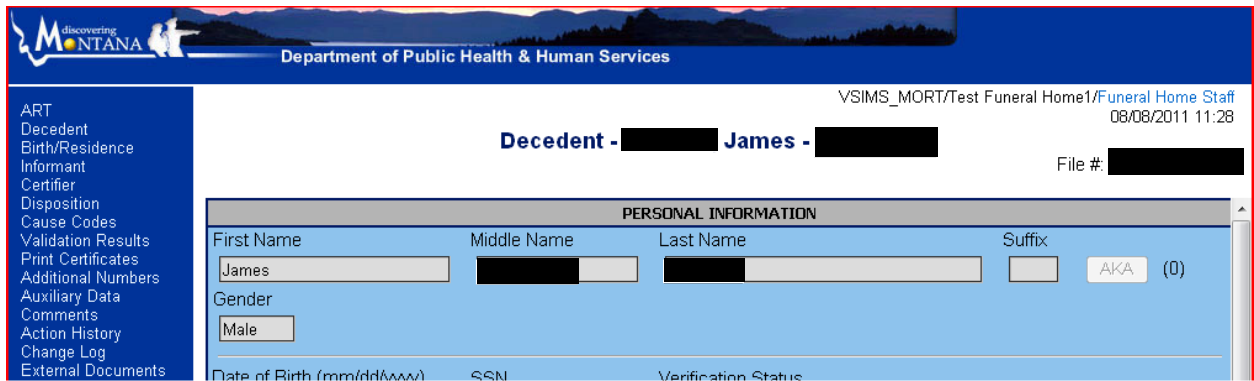
4) Select "Consolidated Query" from the list.

- 5) Query for the Death Record needing an Amendment.
Enter the Name (usually only the last name) & Date of Death.

- 6) Select the correct record, if needed.

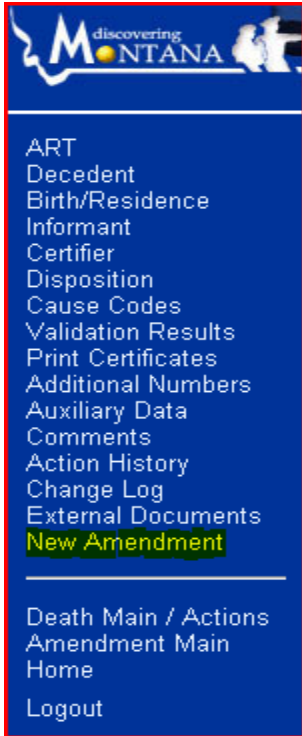


7) Select "View Certificate"



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 except 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.

The image shows a web form titled 'AMENDMENT TYPE' with a light blue background. It contains several input fields: 'Module:' with a dropdown menu showing 'DEATHS'; 'File Number:' with a text input field containing a blacked-out value; 'Date of Occurrence:' with a text input field containing a blacked-out value; 'Name:' with a text input field containing 'James' followed by a blacked-out value; and 'Select an amendment type:' with a dropdown menu. At the bottom of the form is a 'Create Amendment' button.

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

Module: File Number: Date of Occurrence:

Name:

Select an amendment type:

Department of Public Health & Human Services

VSIMS_MORT/Test Funeral Home1/Funeral Home Staff
08/08/2011 12:49

Amendment - [REDACTED] James - [REDACTED] File #: 201147-000001

General Information

Amendment Date: Amendment Type: Affidavit Type: Affidavit Number:

Date Started:

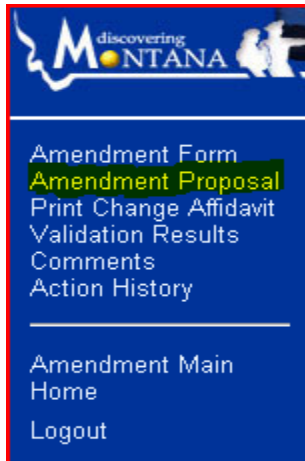
Target Record Identification

Module: Name: File Number:

Date of Occurrence: Adoption Serial Number:

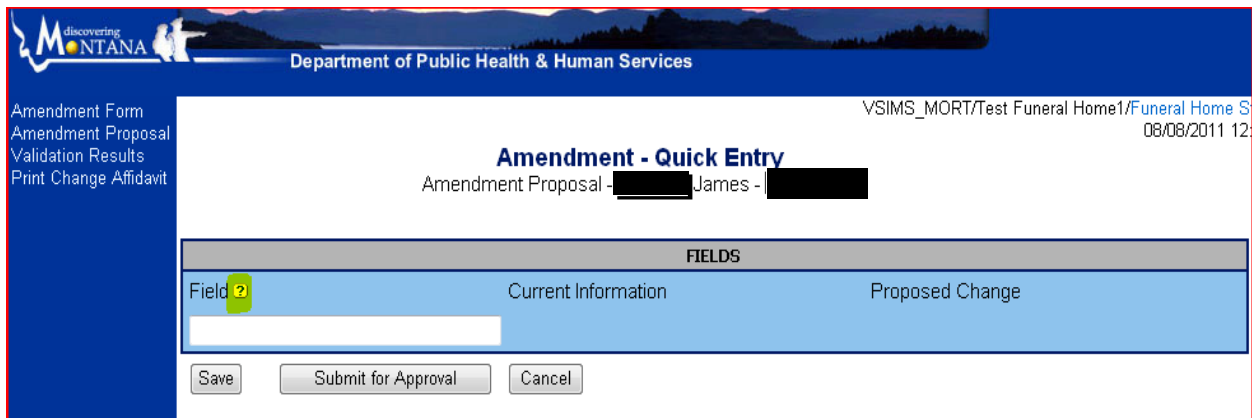
Informant Information

Informant's Name (First, Middle, and Last) <input type="text"/> Street Address Line One <input type="text"/> Street Address Line Two <input type="text"/> City <input type="text"/> County <input type="text"/> State <input type="text"/> Informant's Country <input type="text"/>	Informant Relationship: <input type="checkbox"/> Informant Phone: <input type="text"/> Zip Code <input type="text"/> <input type="text" value="City/County"/> Specify if "Other" City <input type="text"/> Specify if "Other" County <input type="text"/> Specify if "Other" State <input type="text"/> Specify if "Other" Country <input type="text"/>
---	---



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.



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 =

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

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

Decedent	
Personal Information	
Actual / Approx Date of Death	Injury Location City
Age Days	Injury Location Country
Age Hours	Injury Location County
Age Minutes	Injury Location State
Age Months	Injury Location Zip Code
Age Years	Injury Month
AKA	Injury Year
Death Day	Injury at work?
Death Month	Place of Injury
Death Year	Place of Injury Other Specify
	Time of Injury
	Traffic Accident Other Specify
Certifier	
Cause of Death - Part I	Pronouncing Person
Cause A	Actual / Approx Time of Death
Cause B	Date Pronounced
Cause C	Date Signed (if transcribed)
Cause D	Pronouncer Other Name
Interval A	Pronouncing Person
Interval B	Time Pronounced
Interval C	Time of Death
Interval D	Was ME contacted?
Cause of Death - Part II	Certifier
Other Significant Conditions	Certifier Address
Manner of Death	Date Certified
Did tobacco use contribute to death?	
If Female	
Manner of Death	
Results of autopsy available?	
Was an autopsy performed?	
Injury	
Actual / Approx Date of Injury	
Actual / Approx Time of Injury	
Describe How Injury Occurred	
Did death involve an injury of any kind?	
If Traffic Accident	
Injury Day	
Injury Location Address Line 1	
Injury Location Address Line 2	

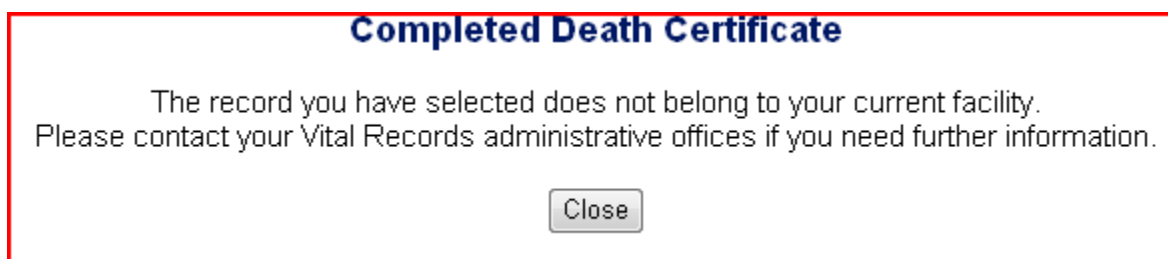
When to File a Hard Copy Affidavit for Correction

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:



OR 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.

M discovering NTANA
 Department of Public Health & Human Services
 VSIMS_MORT/Test Funeral Home1/Funeral Home Staff
 08/18/2011 11:14
Amendment - Quick Entry
 Amendment Proposal - [REDACTED] James - [REDACTED]

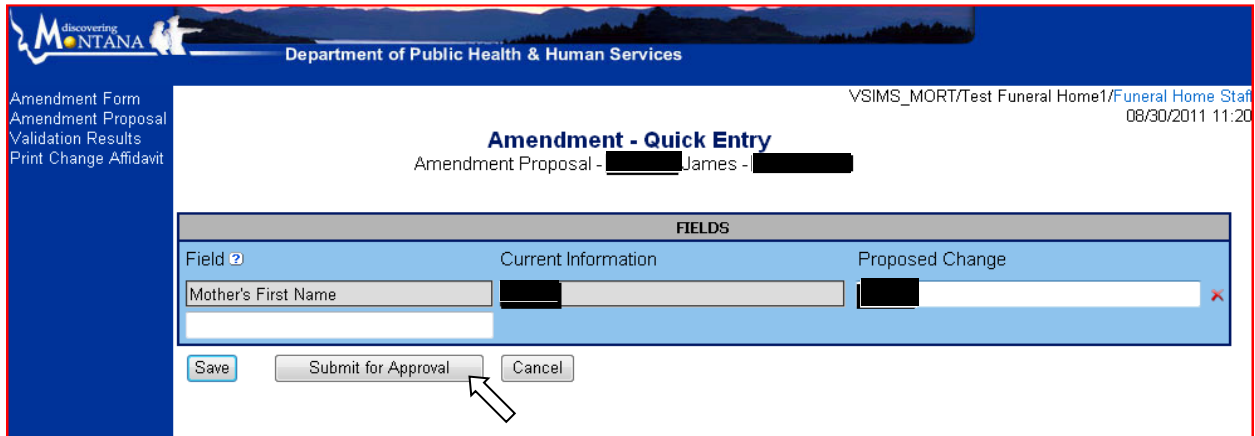
FIELDS		
Field	Current Information	Proposed Change
Mother's First Name	[REDACTED]	

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 [REDACTED], and will give you a blank field to fill in the corrected data.

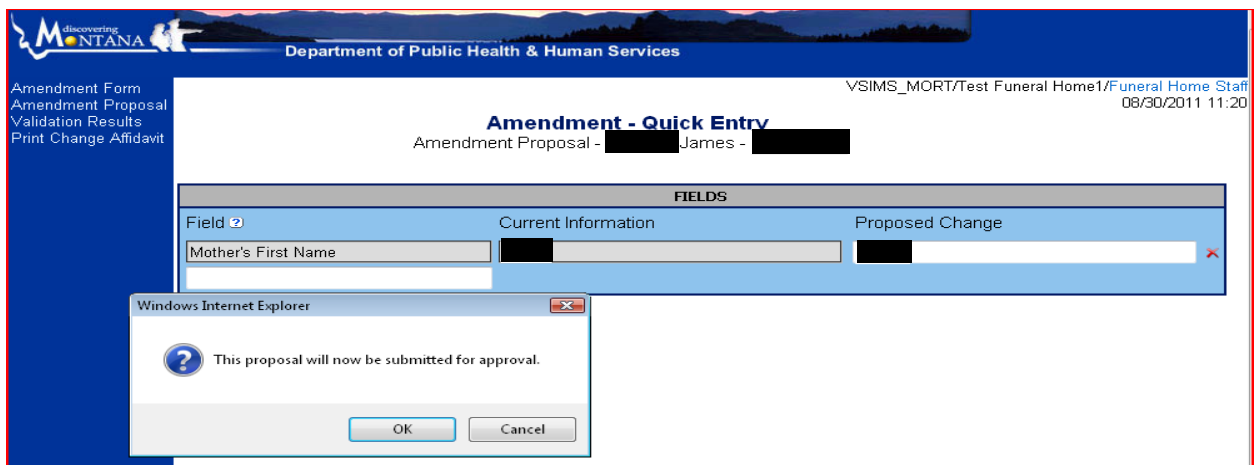
M discovering NTANA
 Department of Public Health & Human Services
 VSIMS_MORT/Test Funeral Home1/Funeral Home Staff
 08/30/2011 11:20
Amendment - Quick Entry
 Amendment Proposal - [REDACTED] James - [REDACTED]

FIELDS		
Field	Current Information	Proposed Change
Mother's First Name	[REDACTED]	[REDACTED]

14) Let's say the decedent's mother's name was misspelled and should be [REDACTED]. 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 ...

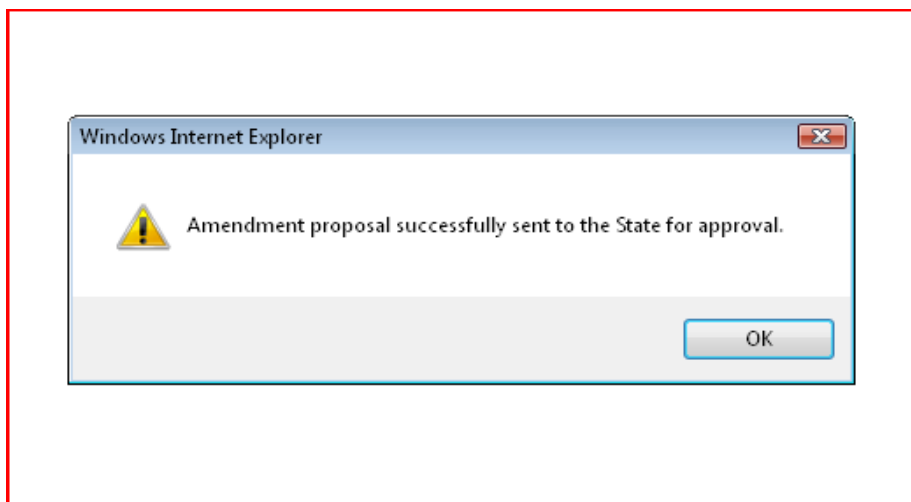


15) Click on "Submit for Approval" where you will receive the following pop-up screens ...



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 Health & Human Services

VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/29/2011 03:39

Amendment - Quick Entry
Amendment Proposal - [REDACTED] James - [REDACTED]

Field	Current Information	Proposed Change
Birth Year	[REDACTED]	

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

VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/29/2011 03:39

Amendment - Quick Entry
Amendment Proposal - [REDACTED] James - [REDACTED]

Field	Current Information	Proposed Change
Birth Year	[REDACTED]	[REDACTED]

Save Submit for Approval Cancel

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

Department of Public Health & Human Services

VSIMS_MORT/Test Funeral Home1/Funeral Home Staff 08/29/2011 03:42

Amendment - Quick Entry
Amendment Proposal - [REDACTED] James - [REDACTED]

Field	Current Information	Proposed Change
Birth Year	[REDACTED]	[REDACTED]

Windows Internet Explorer

! If any component of the date of birth and/or date of death is being changed, the age must also be specified.

OK

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"

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").

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.

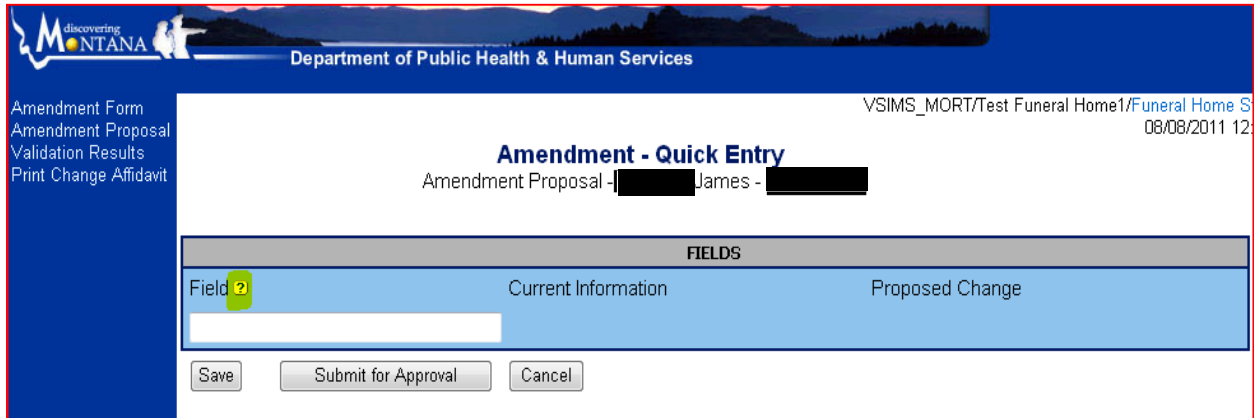
Click the "Submit for Approval"

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



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 ...



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

Decedent		
Personal Information		
Actual / Approx Date of Death	Injury Location City	
Age Days	Injury Location Country	
Age Hours	Injury Location County	
Age Minutes	Injury Location State	
Age Months	Injury Location Zip Code	
Age Years	Injury Month	
AKA	Injury Year	
Death Day	Injury at work?	
Death Month	Place of Injury	
Death Year	Place of Injury Other Specify	
	Time of Injury	
	Traffic Accident Other Specify	
Certifier		
Cause of Death - Part I		
Cause A	Pronouncing Person	
Cause B		
Cause C		
Cause D		
Interval A		
Interval B		
Interval C		
Interval D		
Cause of Death - Part II		
Other Significant Conditions		
Manner of Death		
Did tobacco use contribute to death?	Actual / Approx Time of Death	
If Female	Date Pronounced	
Manner of Death	Date Signed (if transcribed)	
Results of autopsy available?	Pronouncer Other Name	
Was an autopsy performed?	Pronouncing Person	
Injury		
Actual / Approx Date of Injury	Time Pronounced	
Actual / Approx Time of Injury	Time of Death	
Describe How Injury Occurred	Was ME contacted?	
Did death involve an injury of any kind?	Certifier	
If Traffic Accident	Certifier Address	
Injury Day	Date Certified	
Injury Location Address Line 1		
Injury Location Address Line 2		

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_COR/Lewis And Clark County Coroner's Office/County Coroner/ME
09/02/2011 03:30

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	
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.

VSIMS_COR/Lewis And Clark County Coroner

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		
Time of Injury	hh:mm	Actual
Actual / Approx Time of Injury		Approximate
Injury at work?		Cannot be determined
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

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 Coroner?

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	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		
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

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.



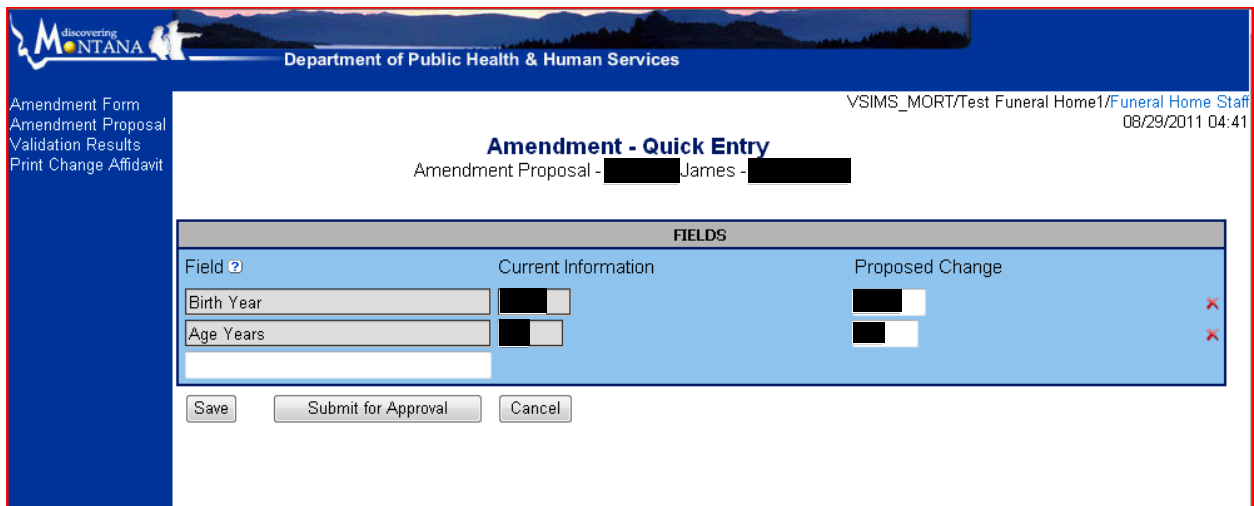
Select "Death Amendments". On this screen you will see a list of any incomplete Amendments you have started and Rejected Amendments. You will have to look at each record listed to discover any Rejected Amendments.



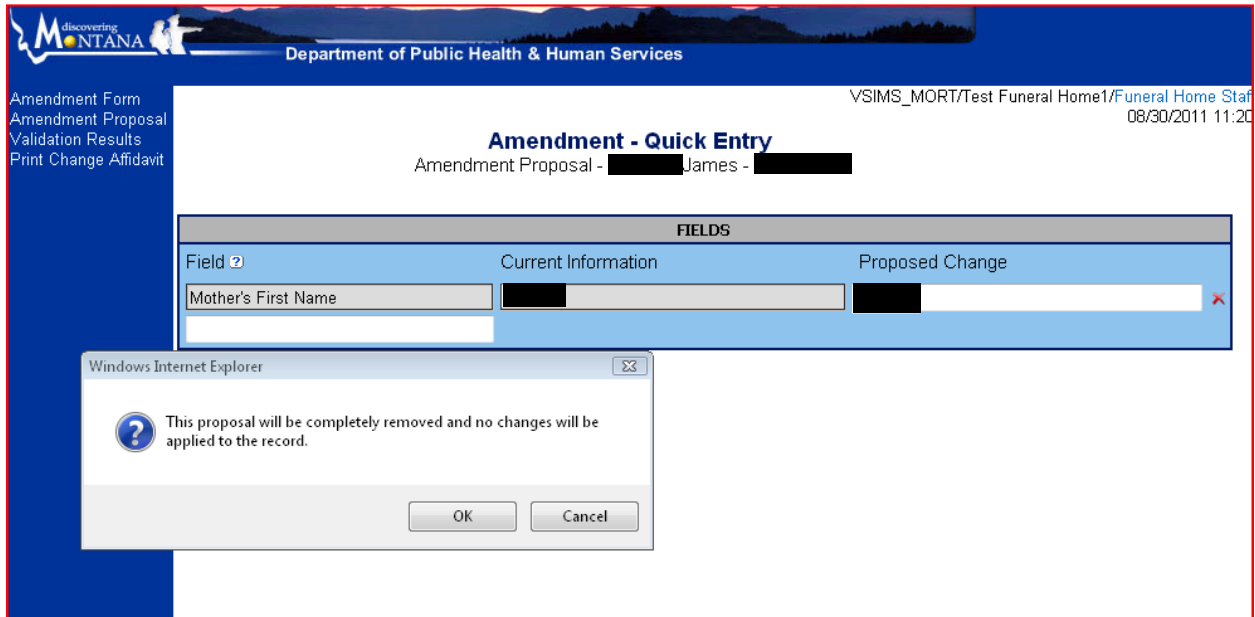
Select the record that has been rejected by selecting "Edit/View" then select "Amendment Proposal"



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.



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”.



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.

