VITAL STATISTICS SECTION DEATH DEMOGRAPHIC AMENDMENTS – TXEVER HOW TO GUIDE



TEXAS Health and Human Services

Texas Department of State Health Services

Table of Contents

Introduction	1
How-To Steps	1
Conclusion	16

Introduction

This How-To Guide walks funeral homes through processing an online demographic amendment to death certificates already released to the state.

A death certificate is a permanent legal record of an individual's death and is extremely important to the family of the deceased person. The information recorded on the death certificate is used to apply for insurance benefits, to settle pension claims, and to transfer title of real and personal property. Information recorded on a death certificate provides evidence of the fact of death and can be produced as evidence in a court of law.

How-To Steps

1. Log in to TxEVER (https://txever.dshs.texas.gov/TxEverUI/Welcome.htm)



2. Select Death at the top, click on Function, and then Funeral Home Processes



3. Search for the record by clicking Record and then Search

Skip to main content GLOBAL DEATH FETAL DEATH		6) 💄 👫 🖂 LogOut
TEXAS Health and Human Services	FUNCTIONS -	RECORD TOOLS -	HELP -
A 🗱 🖼 M 4 🕨 M	FUNERAL HOME PROCESSES	Process Stakeholder Amendment Reduest Disinterment Permit Abandon Print	Work Queue: value V 0
Current Date: 01-Dec-2021 Build Number: 2.0.7.5		©2017 <u>Genesis S</u> y	istems, Inc.

4. Enter the EDR number or name and date of death of the decedent, click Search

eath Search			
		Type of Search	
Wild-Card		○ Soundex	
Decedent's A	CTUAL INFORMATIC	DN RECORD INFORMATION	
EDR Number:		State File Number:	
Date Of Death: (ex. 00/00/2012) are not known.	month and day		
is not known.)*	<u> </u>		
Decedent's First	t Name:		
Decedent's Mide	dle Name:		
Decedent's Last	t Name:		
Decedent's SSN	1:		
Decedent's P	RESUMED INFORM	ATION	
Medical Record	Number:		
EDR Number	Date Of Death 🔺	Decedent's First Nan Decedent's Middle N Decedent's Last Nan Decedent's SSN	State File Number Medical Record Num
)
4 Page 1	of 1 ▶ ▶ •		
		Search	ect Record(s) Clear Close

Note: If you cannot locate the record electronically in TxEVER, you will have to complete the disinterment/amendment through the manual process.

5. Click on the record and then press Select Record

		Туре о	F SEARCH			
Wild-Card			O Soundex			
ecedent's Actual Inform	IATION		RECORD INFO	RMATION		
DR Number:	000000000000304		State File Num	ber:		
Date Of Death: ex. 00/00/2012 if month and day re not known, 02/00/2012 if day	_/_/					
s not known.) *						
ecedent's First Name:						
ecedent's Middle Name:						
ecedent's Last Name:						
ecedent's SSN:						
ECEDENT'S PRESUMED INFO						
Aedical Record Number:	RMATION					
iculturi (coold Humber.						
R Number Date Of Death	h ▲ Decedent's First Na	r Decedent's Middle N	Decedent's Last Nan	Decedent's SSN 445-15-9821	State File Number 0002832018	Medical Record Nu

6. Click on Record and then Process Stakeholder Amendment

Skip to main content GLOBAL DEATH	I FETAL DEATH			9 🛎 👫	☑ <u>LogOut</u>
TEXAS Health and Human Services Health Service		FUNCTION	IS RECORD -	TOOLS - HELP -	
M 32 159 14 4 14 191	F	UNERAL HOME PROCESSES	Process Stakehol Reguest Disintern <u>Abandon</u> Print		¥ 1
Decedent's Actual Information		RECORD	Information		
Date Of Death:	06/10/2018	State File	Number:	0002832018	
Decedent's First Name:	LITTLE	State File I	Date:	06/18/2018	

7. Select the Demographic Tab(s) that requires the amendment(s) and then click on the wrench icon(s) next to the field(s) requiring edits

	ealth Services				PROCESS -	
🗸 🔲 💥 👒 腫						
		STAKEHOLDER AMENDME	NT			
EDR:		Registrant Name:	Date of Death:	SFN:		
00000000000	304	LITTLE JIMMY JOHN	2018/06/10	0002832018		
Fields List	State File Number:	General Inform Birth State File Number:		cord Type:		
Demographic 1	0002832018		IDE	INTIFIED		
	Out Of State SFN:	Out Of State S	FN			
Demographic 2	Out Of State SFN:					
Semographic 3		Court Inform				
Semographic 4	Court Name:	Case Number:		ourt Date:		
Semographic 5						
V Medical 1		DECEMENTS LEGA				Ð
V Medical 2	Prefix: MR.		st Name:		1	
V Medical 3	Middle Name: JIMMY	JOL	st Name: IN		di seconda	
Comments	Suffix:	ß				

8. Make corrections and enter comments as appropriate; select Confirm Changes after each section being updated.

	STAKEHOLDER AME	NDMENT		
EDR:	Registrant Name:	Date of Death:	SFN:	
0000000000304	LITTLE JIMMY JOHN	2018/06/10	0002832018	
Fields List				×
	Deceden	t's Legal Name		_
Demographic 1 Prefix: MR.		First Name:		
Middle Name:		Last Name:		
Demographic 2 JIMMY Suffix:		JOHN		
✓ Demographic 3				
✓ Demographic 4	Deceden	t's Legal Name		
Prefix: Demographic 5	800	First Name:		
DR.	×	LITTLE		
Medical 1 JIMMY		Last Name:*		
Medical 2		JOHN		
Medical 3 JR.	~			
Comments Comments				
Funeral Dire	ctor Comments			
ACTIVITY: edent's Suffix:				
I Status: Supplemental D	ocuments Document Type:			
on: lating Record				
	Who Issued:			
	Issue Date:			
	Date Of Document:			
		2		
				Confirm Changes

Note: Do not enter anything in the Supplemental Documents Section; this is for State use only. Some changes will require supporting documentation to be uploaded. Please refer to the Correcting a Death Certificate Application for more information.

- 9. Uploading Supporting Documents:
 - When a supporting document is required to be included, locate the "Supporting Documents" section below the data entry fields.

Supplemental Documents	Document Type:	
	Who Issued: Issue Date: Date Of Document:	
		Confirm Changes

• Select the upload button.

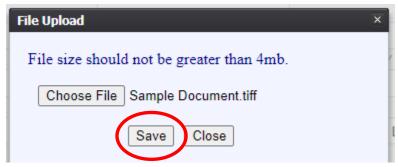


Note: Documents must be a TIFF format and must be less than 4Mb in size.

• Select the Choose File button to navigate to the file to be uploaded.

÷1	File Upload	×
	File size should not be greater than 4mb.	
	Choose File No file chosen	
	Save Close	L
nse		r:
DR		
erv		

• After selecting the file to be uploaded, click the Save Button.



- Once the document has been saved, you can continue the submission of the amendment.
- 10. Click on Process and View Corrections/Supporting Documents to see a list of changes

Ser.		exas Department of State lealth Services			C	PROCESS -	
/ 🗊	* 🖙 🖻					View Corrections/Suppo	rting Documents
		STAKEHOLD	ER AMEND	MENT		Abandon	
	EDR:	Registrant Name:		Date of Death:	SFN:	Contact Helpdesk	
	000000000000000000000000000000000000000	304 LITTLE JIMMY JOHN		2018/06/10	0002832018	Exit	
	Fields List	Decedent's Marital Stat	US AT THE TIME (of Death (If Spouse, Giv	e Maiden Name)		
	Demographic 1	Marital Status:		Spouse First Name:	,	ß	
		MARRIED Spouse Middle Name:	ß	LITTLE Spouse Last Name:		ß	
	V Demographic 2	Spouse Middle Name: SUZIE	C.	JOHN		~	
		Spouse Suffix:	ß	oonn'			
	V Demographic 3						
	Demographic 4			DENCE ADDRESS			
		Street Address:	ß	Apt:		S	
	Demographic 5	11109 APPLEWOOD DR	S.			ß	
	✓ Medical 1	State/Country: (Please click checkbox to filter countries only)	(P)	County: TRAVIS		-	
	Medical 2	TEXAS		City(Other):		ß	
	Wiedical 2	City/Town:	J.S.				
	Vedical 3	AUSTIN	0	Zip Ext:		ß	
	Comments	Zip: 78758	P				
	Activity:	Inside City Limits:	J.				
	Father/Parent 2 Suffix: Select a value	YES					
	Field Status:	MOTHER/PARENT 1 NAME PRIOR TO FIRST MAI		FATHER/PARENT	NAME PRIOR TO	First Marriage	
	Resolved Action:	Title Preference: PARENT	0 &	Title Preference: PARENT		0 🎤	
	Updating Record	Parent/Parent 1 First Name ANGLE	0 🎤	Parent/Parent 2 First Name LITTLE		0 🖉	
		Parent/Parent 1 Middle Name YVONNE	ß	Parent/Parent 2 Middle Name JIMMY		0 8	
		Parent/Parent 1 Last Name WILLIAMS	0 🎤	Parent/Parent 2 Last Na JOHN	ime	ß	
		Parent/Parent 1 Suffix	P	Parent/Parent 2 Suffix		0 🎤	

Click the X next to any change you wish to discard if needed

emove	Field Name 🔺	Old Data		New Data		Comment		
×	Decedent's Prefix	MR.		DR.		Funeral Director Cor	nments	
×	Decedent's Suffix			JR.		Funeral Director Cor	mments	
×	Father/Parent 2 Fin	BIG		LITTLE		Another fix		1
×	Father/Parent 2 Mic	JIMMY		JIMMY		Another fix		
×	Father/Parent 2 Su			SR.		Another fix		1
×	Father/Parent 2 Titl	FATHER		PARENT		Another fix		
×	Mother/Parent 1 Fir	ANGELA		ANGLE		fixed parents name		1
×	Mother/Parent 1 La	WILLSON		WILLIAMS		fixed parents name		
x	Mother/Parent 1 Tit	MOTHER		PARENT		fixed parents name		•
idence	Documents							
elete	Document	Туре	Issue Date		Document Date	Issued By	Us	e 🔺
								Ŧ

If you want to cancel the amendment, select Process and then Abandon

	Sarah Sarah		Р н			exas Department of State ealth Services				
1		×	₩	B	EDR:		STAKEHOLDER AME Registrant Name:	NDMENT Date of Death:	SFN:	View Corrections/Supporting Documents Abandon Contact Helpdesk
					0000000000000	304	LITTLE JIMMY JOHN	2018/06/10	0002832018	Exit
					Fields List	Marital Status:	Decedent's Marital Status At The Ti	ме оғ Death <i>(Ir Spouse,</i> C Spouse First Name:)
				V [emographic 1	MARRIED		LITTLE		

11. When you are ready to submit, select Process and Submit

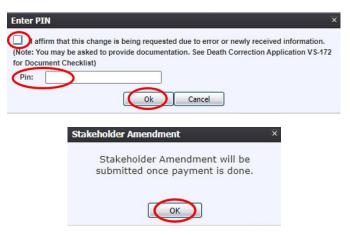
Skip to main content				♀ ≗ ff ⊠ LogOut
TEXAS Health and Human Services Health Services			(PROCESS
				View Corrections/Supporting Documents Abandon
	STAKEHOLDER AMI	ENDMENT		Contact Helpdesk
EDR:	Registrant Name:	Date of Death:	SFN:	
0000000000304	LITTLE JIMMY JOHN	2018/06/10	0002832018	Exit

Click Yes if you want to submit the changes

Stakeholder Amendment	×
Do you wish to submit this record?	
Yes No	

7 Death Demographic Amendments, 2021

Enter your PIN, click the box affirming the changes, and click Ok



12. The payment screen will open as a new browser window; fill out the payment information. After filling out the top section, click "Save Amendment Request Detail"

ecord Details					
ecedent ID:	304		Decedent Name:	LITTLE JIMMY JOH	N
uneral Home:	AUSTIN FUNERAL HOME		Funeral Director:	FUNERAL DIRECTO	DRRC
lease do not refresh this pa	age.				
Requestor Details (highlighter	d fields are mandatory)				
Requestor Type:	FUNERAL HOME	~			
irst Name:			Middle Name:		
ast/Organization Name:	AUSTIN FUNERAL HOME		Suffix:	Select a value	~
Address1:	6000 BURNET ROAD		Address2:		
State/Country:	TEXAS		City/Town:	AUSTIN	
lip:	78754		Zip Ext:		
Mailing Address Details (h	highlighted fields are mandatory for mail	ing address if any)			
Maning address same as	s requestor				
	s requestor		Middle Name:		
Maming address same as	s requestor		Middle Name: Suffix:	Select a value	•
Maning address same as First Name:	s requestor			Select a value	×
Maining address same as First Name: Last/Organization Name:	s requestor		Suffix:	Select a value	×
Mammy address same as First Name: Last/Organization Name: Address1:			Suffix: Address2:	Select a value	×
Maining address same as First Name: Last/Organization Name: Address1: State/Country:			Suffix: Address2: City/Town:	Select a value	×

Click the box next to "Please add death certificates" and enter how many copies you want to order if applicable. Select how you want the copies mailed (USPS First Class Mail, USPS Express Mail, Expedited Delivery) and click Add/Update Certificate Order. Confirm the number of certificates you ordered.

								Save An	nendment Request Detail (ine.
_		leath Certificate								
		te Order Details (highlight	ed fields are	mandatory	to orde	er certificate)				
		ess Details								
Ship	ping add	dress same as requestor		_						
Shippin	g Metho	od:	DELIVERY							
First Nar	me:	USPS FIRST USPS EXPR	r <mark>Class</mark> Mai Ess Mail	IL			Middle Name:			
Last/Org	ganizati	ion Name: EXPEDITED	DELIVERY		/		Suffix:	Select a value	~	
Address	s1:						Address2:			
State/Co	ountry:	Select a v	alue	~			City/Town:			
Zip:							Zip Ext			
Certifica	ate Deta	ails								
Type Of	f Certific	cate: DEATH LEG	AL SIZE				•			
No Of C	Copies:						Cost:	\$ 0.00		
			-				Shipping Fee:	\$ 0.00		
							Total:	\$ 0.00		
							Total.			
Ta como	us desti	h an difficulta and an alanan a	na "Delata	" option ii	a acid l		Total:			
To remo	ive deatl	h certificate order please u	ise "Delete	" option ii	n grid l	below	Total:		Jpdate Certificate Order	a
	ive death t Order I		ise "Delete	" option ii	n grid l	below	iotai:		Jpdate Certificate Order Cl	a
						tem Cost(\$)	Shipping First Name			a

Confirm the number of copies you want to order.



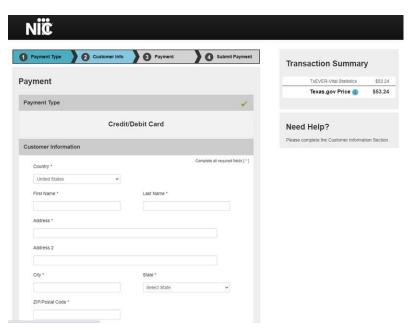
Click Pay Now

Type Of	f Certifie	cate: DEA	H LEGAL SIZE				*		
No Of C	Copies:	4					Cost:	\$ 29.00	
							Shipping Fee:	\$ 8.00	
							Total:	\$ 37.00	
To remo	ve deatl	h certificate order pl	ase use "Del	ete" optio	n in grid	below		Add/Up	date Certificate Order Clear
Current	t Order	Details							
Select	Delete	Description	Price(S	Quantity	Shipping	Item Cost(S)	Shipping First Name	Shipping Middle Name	Shipping Last Name
	0	STAKEHOLDER AME	IDMEN 15	1	0	15			AUSTIN FUNERAL HOME
	0	DEATH CERTIFICATE	ORDE 29	4	8	37			AUSTIN FUNERAL HOME
Select	9	DEATH OLIVINION							
Select	9								۶
<	ion Deta								•
≺	ion Deta						\$ 44.00		×
<	ion Deta						\$ 44.00 \$ 8.00		•
≺ ransacti SHS Pri hipping	ion Deta	ails							•
✓ SHS Print hipping exas.go	ion Deta ice : 1 Fee : vv Price'	ails *:					\$ 8.00 \$ 53.24	Judes funds that support	

Please note: Texas.gov adds a courtesy fee automatically and is included in your total.

NOTE: IF YOU DO NOT PROCESS A PAYMENT WHEN THE WINDOW OPENS, THE CHANGES WILL NOT BE SAVED; THE AMENDMENT WILL NEED TO BE RESTARTED

13. Submit the payment. A confirmation email will be sent to the email address indicated on the order.



Country *			Complete all require	d fields
United States	1			
First Name *		Last Name *		
Stephen] 🥥	McCandless		0
Address *				
123 My Street			0	
Address 2				
			0	
City *		State *		
Austin] 🥥	TX - Texas	~	0
ZIP/Postal Code *				
78756] 🥥			
Phone Number *				
512-776-3010	0			
Email * 🍘				
stephen.mccandless@dshs.texas.gov] 🧔			

ustomer Information	×
ddress Stephen McCandless 123 My Street Austin, TX 78756	Ean Phone Number 512-776-3010
ountry United States	Email Address stephen.mccandless@dshs.texas.gov
ayment Information	
Credit Card Number * 🍘	Credit Card Type
Expiration Month *	Expiration Year *
Security Code * 🍘	
Name on Credit Card *	
Stephen McCandless	0
	Next >

/
\$53.24
\$53.24

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

ayment			
Payment Type		Transaction Summary	
	Credit/Debit Card	TxEVER-Vital Statistics	\$53 \$53
Customer Information			300
Address Stephen McCandless 123 My Street Austin, TX 78756 Country United States	Phone Number 512-776-3010 Email Address stephen.mccandless@dshs.texas.g	Edit Need Help? Review payment information. You may edit and Payment Method here if needed. Wher complete, select Make Payment, You will re printable receipt at the end of your success payment transaction.	n eceiv
Payment Information		× .	
Credit Card Visa ****6781 Exp. 11/2022	Name on Credit Card Stephen McCandless	Eat	
Verification			
	CAPTCHA Harry - Terma		
Cancel	Subm	it Payment	
	Please wait		
	Your payment is being process	ied.	
	Please do not close your tab o Back button.	r window, and please do not use your browser's	

Note: Within the confirmation, while there will be two duplicate transaction amounts, the credit card was only charged once.

Transaction Summary

Description	Amount
Department of State Health Services Vital Statistics Payment	\$53.24
Texas.gov Price	\$53.24

14. Print the PDF version of the receipt offered by TxEVER. This contains the remit number starting with an X so your order can be found if customer service is needed later.

Funera	l Home Processes	
		ful and amendment is sent to review for d you like to print payment receipt? Yes No
	Transaction Details	Order Receipt emit Number for any queries in future related to this transaction.
	Remit Number Payment ID	60
	Transaction Date	12/1/2021 7:36:52 AM
	Decedent First Name	LITTLE
	Decedent Last Name	JOHN
	DSHS Price (\$)	44.00
	Shipping Fee (\$)	8.00
	Texas.gov Price * (\$)	53.24
	Requestor First Name	
	Requestor Middle Name	
	Requestor Last Name	AUSTIN FUNERAL HOME
	Order Number	62173618
	Status	Success
	* This service is provided by T	exas.gov, the official website of Texas. The price of this service

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

The receipt PDF can be accessed and printed during another TxEVER session by following steps 1-6, clicking Record, Print, and then Death Order Receipt.

TEXAS Health and Human Services	f State			
84 ISB 14 I F 14		AL HOME ESSES	Process Stakeholder Amendment Request Disinterment Permit Abandon Print	Work Queue: TLE, 06/10/2018
Hide More Info	Set By Set O	n Comment		
		n Comment 021 7:23:56 AM SET BY SYSTEM		^

Conclusion

Once submitted, the amendment is not immediately available. It will be entered into a State Review Queue.

If the amendment is rejected, it will be sent to the State Rejection Queue. You will receive a message through TxEVER advising you of the reason for the rejection. The notification will only pop up for a few seconds. You can access your messages by clicking the envelope next to the Logout link.

