

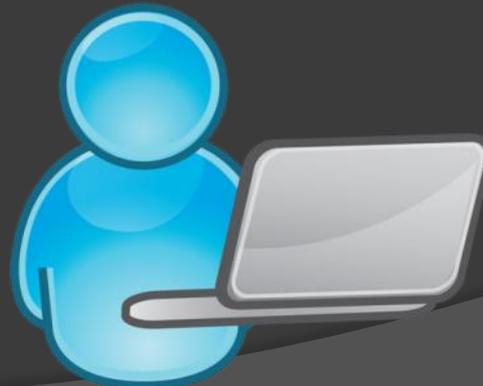
ELECTRONIC LOCAL REGISTRATION



Derek Johnson
Field Services Representative
Vital Statistics Unit

Why use the Texas Electronic Registration (TER) system?

- Reduces duplicate registrations
- Secure registration system
- Edits and cross-checks reduce potential errors and amendments
- Faster, more efficient, more accurate process



Setup and Maintenance



Security

- ⦿ Each facility/office should have two TER local administrators
- ⦿ Responsibilities
 - Maintain confidentiality statements
 - Setup new users
 - Reset passwords
 - User maintenance



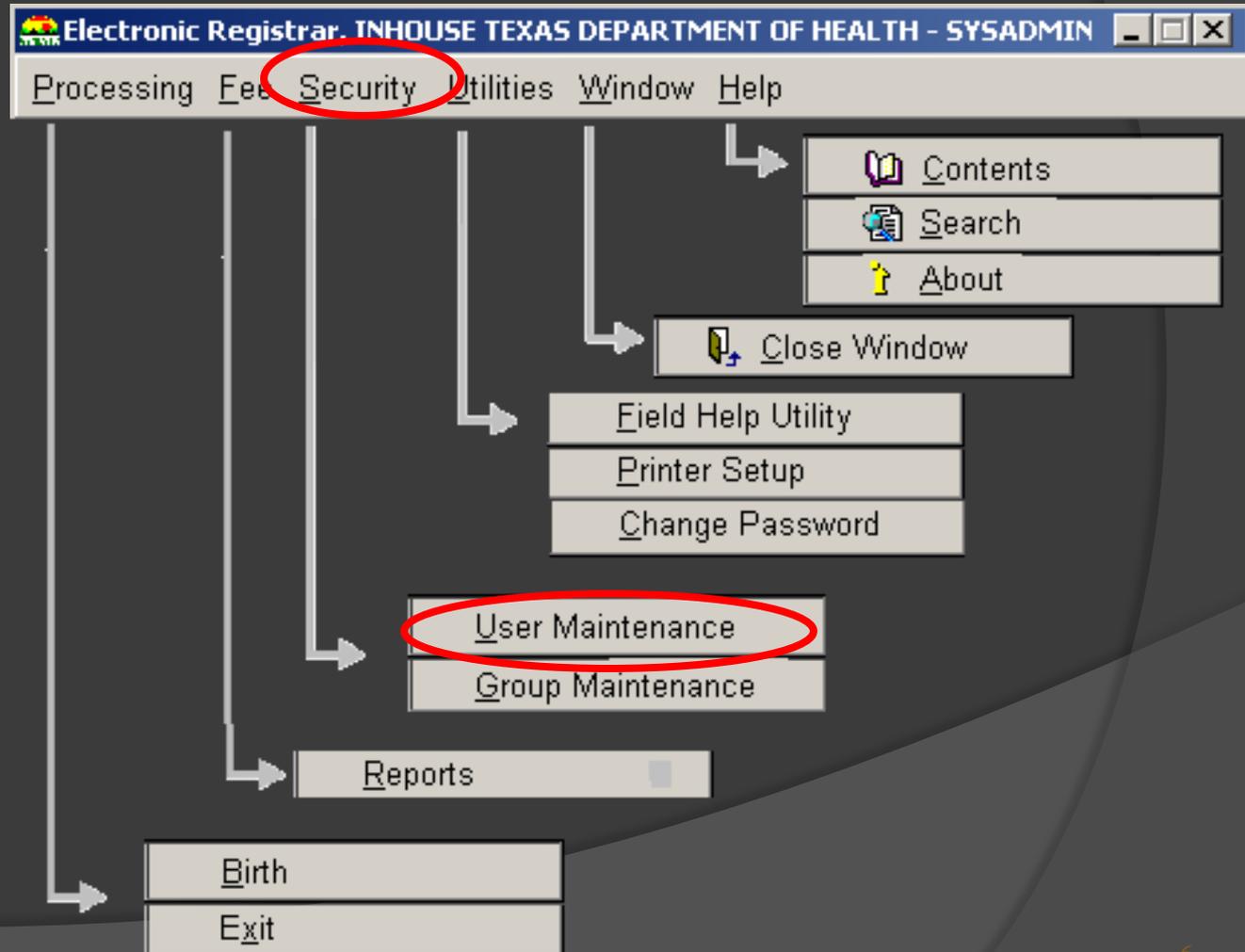
User Setup

- ① Assign user names and password
- ① Assign user processes
- ① Assign user location



User Name and Passwords

- From the Main menu, choose Security
- Choose User Maintenance



New User Setup

To add a new user, click the New icon for a blank screen

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User Edit Window Help

User ID: Password:

User Name Title Phone Number 2nd Phone Number Agency Name Department E-mail Address Manager Name Manager Phone

Special Permissions

- Not an Administrator
- Local Administrator
- System Administrator

Security



Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPARTM
LOCALTEST	LOCALTEST	???	???	???	???
MSMITH	MARY SMITH	VITAL STATISTICS CLERK	512-458-7111	CITY OF AUSTIN	VITAL STA
SANDRALOCAL	SANDRA LOCAL	LOCAL REGISTRAR	512-458-7368	BURNET COUNTY CLERK	VITAL STA
SILVREG	SILVIA REGISTRAR	REGISTRAR	512-458-7111	TRAVIS COUNTY	BIRTH REG
SLACKEY	SANDRA LACKEY	INHOUSE USER	X7368	TDH	BVS
SLADMIN	SANDRA ADMIN	ADMIN	512-458-7368		
USERLOCAL	USER LOCAL	LOCAL REGISTRAR	512-458-7111	CITY OF AUSTIN	LOCAL REC
USERLR	USER LOCAL REGISTRAR	LR	X6135	LOCAL R	
VICTORLR	VICTOR LOCAL REG	LOCAL REGISTRAR	512-458-7111	CITY OF AUSTIN	VITAL STA

Start | Document1 - Microsoft ... | Electronic Registrar, LOC... | User Maintenance, LO... | 2:09 PM

New User Setup

For new user
"Ann Example,"
enter user name
AEXAMPLE

Choose a
password that is
at least 8
characters long,
including alpha
and numeric –
AN01EXAM – and
re-type to verify

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User Edit Window Help

User ID: AEXAMPLE Password: *****

User Name: Title: Phone Number: 2nd Phone Number: Agency Name: Department: E-mail Address: Manager Name: Manager Phone:

Special Permissions

Verify Password

Verify Password

OK Cancel

Security

Save

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPARTM
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS
DLAYTONADHOC	DLAYTON	MR	6135	DSHS	IS
DLAYTONDEATH	DALE LAYTON	MR	X6135	DSHS	IT
DLAYTONPECAN	DALE LAYTON	LOCAL REGISTRAR	X6135	PECAN GROVE	IT
GLORIACANTU	GLORIA CANTU	DATA ENTRY	4587111		
LOCALTEST	LOCALTEST	???	???	???	???
MSMITH	MARY SMITH	VITAL STATISTICS CLERK	512-458-7111	CITY OF AUSTIN	VITAL STA
SANDRALLOCAL	SANDRA LOCAL	LOCAL REGISTRAR	512-458-7368	BURNET COUNTY CLERK	VITAL STA

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New User Setup

Basic information – follow this general format

Choose Not an Administrator

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User Edit Window Help

User ID: AEXAMPLE Password: *****

Security



Save

User Name: ANN EXAMPLE Special Permissions: Not an Administrator Local Administrator System Administrator

Title: DEPUTY LOCAL REGISTRAR

Phone Number: 512-452-7111

2nd Phone Number:

Agency Name: CITY OF LOCAL

Department: VITAL STATISTICS

E-mail Address: ANN.EXAMPLE@LOCAL.GOV

Manager Name: MARY MANAGER

Manager Phone: 512-452-7222

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPARTM
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS
DLAYTONADHOC	DLAYTON	MR	6135	DSHS	IS
DLAYTONDEATH	DALE LAYTON	MR	X6135	DSHS	IT
DLAYTONPECAN	DALE LAYTON	LOCAL REGISTRAR	X6135	PECAN GROVE	IT
GLORACANTU	GLORIA CANTU	DATA ENTRY	4587111		
LOCALTEST	LOCALTEST	???	???	???	???
MSMITH	MARY SMITH	VITAL STATISTICS CLERK	512-458-7111	CITY OF AUSTIN	VITAL STA
SANDRALocal	SANDRA LOCAL	LOCAL REGISTRAR	512-458-7368	BURNET COUNTY CLERK	VITAL STA

Start | Document1 - Microsoft ... | Electronic Registrar, LOC... | User Maintenance, LO... | 2:13 PM

New User Setup: Locations

Click the Save icon

Assign a location by clicking on the Location icon

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User ID: [EXAMPLE] Password: [*****]

User Name: [ANN EXAMPLE] Title: [DEPUTY LOCAL REGISTRAR] Phone Number: [512-452-7111] 2nd Phone Number: [] Agency Name: [CITY OF LOCAL] Department: [VITAL STATISTICS] E-mail Address: [ANN.EXAMPLE@LOCAL] Manager Name: [MARY MANAGER] Manager Phone: [512-452-7222]

Special Permissions
 Not an Administrator
 Local Administrator
 System Administrator

Security

Save

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

Please assign a location(s) to this user before assigning Processes
You will be able to enter Processes Maintenance from Location Maintenance

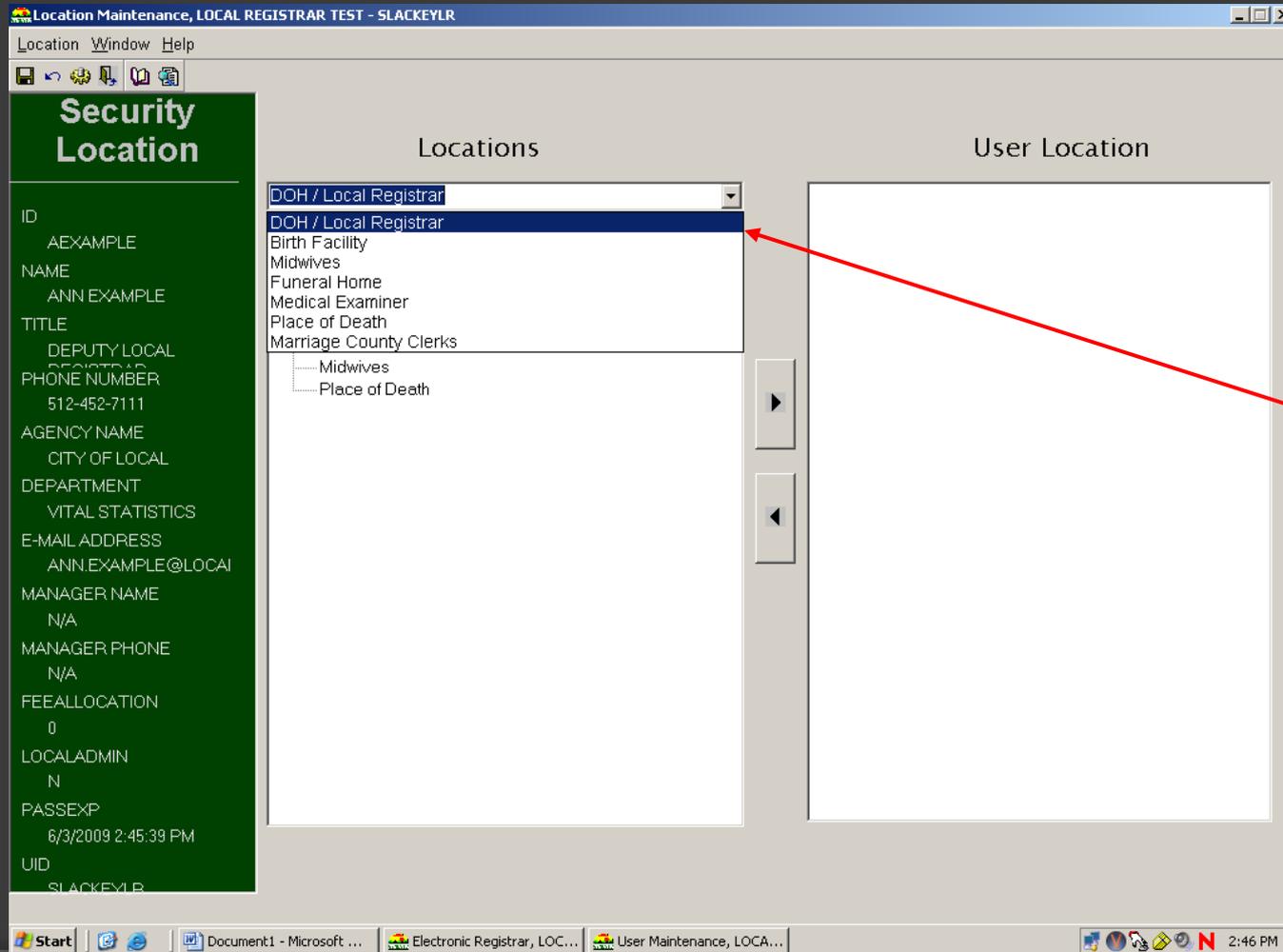
OK

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPART
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS
DLAYTONADHOC	DLAYTON	MR	6135	DSHS	IS
DLAYTONDEATH	DALE LAYTON	MR	X6135	DSHS	IT
DLAYTONPECAN	DALE LAYTON	LOCAL REGISTRAR	X6135	PECAN GROVE	IT
GLORACANTU	GLORIA CANTU	DATA ENTRY	4587111		
LOCALTEST	LOCALTEST	???	???	???	???
MSMITH	MARY SMITH	VITAL STATISTICS CLERK	512-458-7111	CITY OF AUSTIN	VITAL STA
SANDRALocal	SANDRA LOCAL	LOCAL REGISTRAR	512-458-7368	BURNET COUNTY CLERK	VITAL STA

Start | Document1 - Microsoft ... | Electronic Registrar, LOC... | User Maintenance, LO... | 2:14 PM

New User Setup: Locations

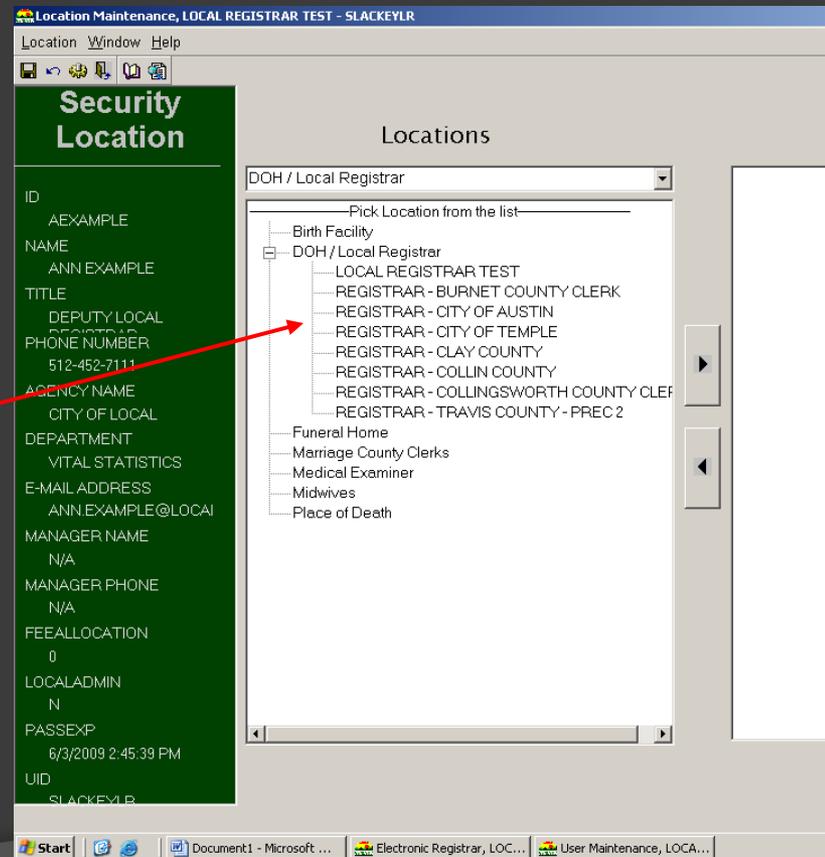


Click the down arrow to the right of the Locations pull-down and select DOH/Local Registrar

New User Setup: Locations



Double-click the plus symbol to the left of DOH/Local Registrar to reveal list of locations to choose from



New User Setup: Locations

Choose and highlight a facility from the list of locations on the left

Click the right arrow to move selection to User Location and click Save

Location Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

Location Window Help

Security Location

ID
AEXAMPLE

NAME
ANN EXAMPLE

TITLE
DEPUTY LOCAL REGISTRAR

PHONE NUMBER
512-452-7111

AGENCY NAME
CITY OF LOCAL

DEPARTMENT
VITAL STATISTICS

E-MAIL ADDRESS
ANN.EXAMPLE@LOCAL

MANAGER NAME
N/A

MANAGER PHONE
N/A

FEEALLOCATION
0

LOCALADMIN
N

PASSEXP
6/3/2009 2:45:39 PM

UID
SLACKEYLR

Locations

DOH / Local Registrar

Pick Location from the list

- Birth Facility
- DOH / Local Registrar
 - LOCAL REGISTRAR TEST**
 - REGISTRAR - BURNET COUNTY CLERK
 - REGISTRAR - CITY OF AUSTIN
 - REGISTRAR - CITY OF TEMPLE
 - REGISTRAR - CLAY COUNTY
 - REGISTRAR - COLLIN COUNTY
 - REGISTRAR - COLLINGSWORTH COUNTY
 - REGISTRAR - TRAVIS COUNTY - PREC 2
- Funeral Home
- Marriage County Clerks
- Medical Examiner
- Midwives
- Place of Death

Add the highlighted location

User Location

LOCAL REGISTRAR TEST

Start | Document1 - Microsoft ... | Electronic Registrar, LOC... | User Maintenance, LOCA... | 2:55 PM

New User Setup: Security Processes

Location Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

Location Window Help

Security Location

ID
AEXAMPLE

NAME
ANN EXAMPLE

TITLE
DEPUTY LOCAL REGISTRAR

PHONE NUMBER
512-452-7111

AGENCY NAME
CITY OF LOCAL

DEPARTMENT
VITAL STATISTICS

E-MAIL ADDRESS
ANN.EXAMPLE@LOCAL

MANAGER NAME
N/A

MANAGER PHONE
N/A

FEEALLOCATION

Locations

DOH / Local Registrar

Pick Location from the list

- Birth Facility
- DOH / Local Registrar
 - LOCAL REGISTRAR TEST**
 - REGISTRAR - BURNET COUNTY CLERK
 - REGISTRAR - CITY OF AUSTIN
 - REGISTRAR - CITY OF TEMPLE
 - REGISTRAR - CLAY COUNTY
 - REGISTRAR - COLLIN COUNTY
 - REGISTRAR - COLLINGSWORTH COUNTY
 - REGISTRAR - TRAVIS COUNTY - PREC 2
- Funeral Home
- Marriage County Clerks
- Medical Examiner
- Midwives
- Place of Death

User Locat

LOCAL REGISTRAR TEST

Add the highlighted location

Choose the
Processes
icon from
this screen
OR the
previous
information
screen

New User Setup: Security Processes

Using the same steps as Location, choose security processes appropriate for your staff and click the Save icon to complete setup

Process Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

Process Window Help

Security Processes

ID: AEXAMPLE
NAME: ANN EXAMPLE
TITLE: DEPUTY LOCAL REGISTRAR
PHONE NUMBER: 512-452-7111
AGENCY NAME: CITY OF LOCAL
DEPARTMENT: VITAL STATISTICS
E-MAIL ADDRESS: ANN.EXAMPLE@LOCAL
MANAGER NAME: N/A
MANAGER PHONE: N/A
FEEALLOCATION: 0
LOCALADMIN: N
PASSEXP

6/3/2009 2:45:39 PM

Groups and Processes

Security

- Groups
 - LOCAL REGISTRARS CLERK(EDUBRATEST)
 - LOCAL REGISTRARS GROUP(EDUBRATEST)
- Systems
 - BIRTH
 - DEATH
 - SYS

Processes Assigned

Security

- Groups
 - LOCAL REGISTRARS CLERK(EDUBRATEST)
- Systems
 - ALL
 - BIRTH
 - DEATH
 - FEE
 - MARRIAGE
 - SYS

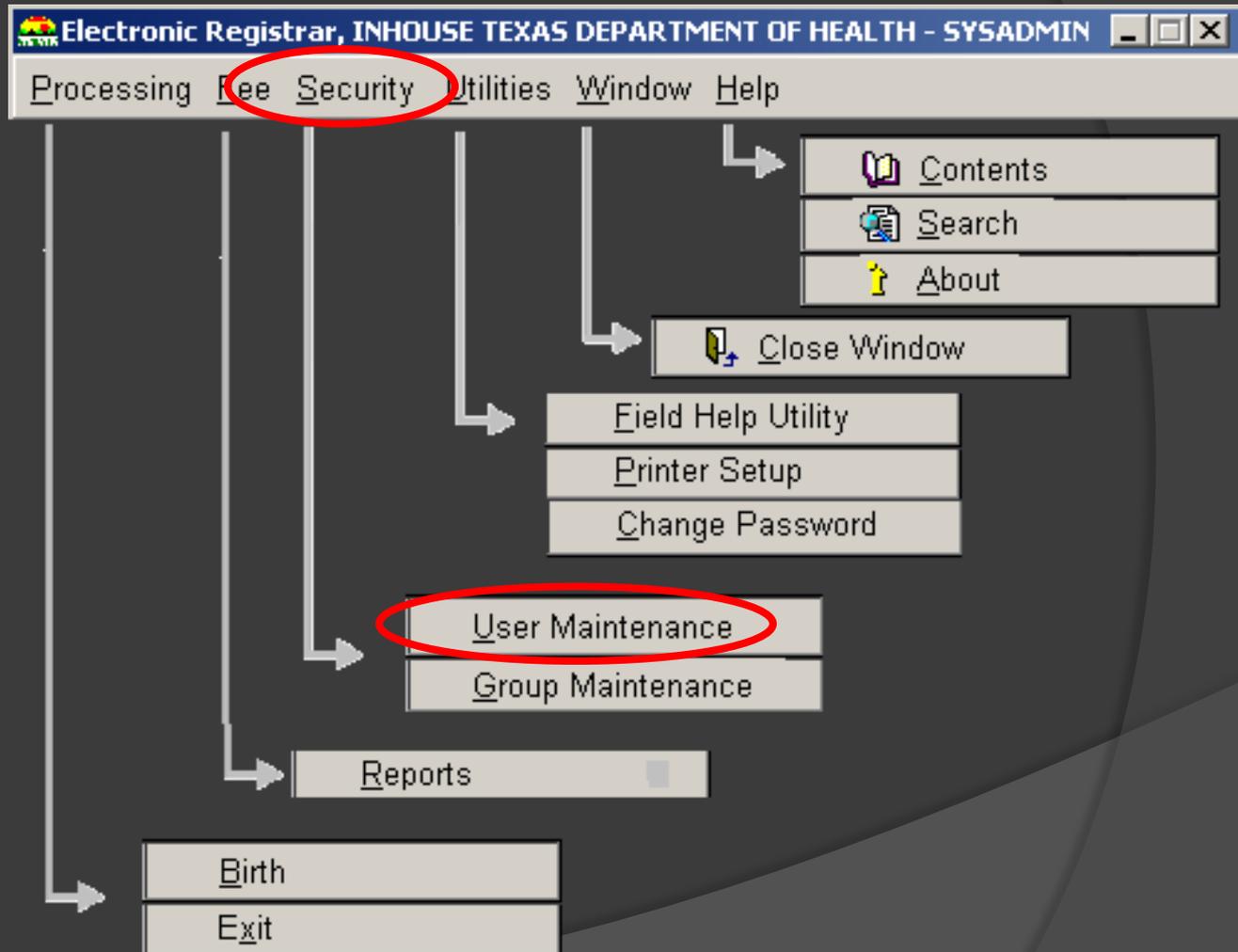
Add the highlighted process or group

Password Resets

- ⦿ User forgets password
- ⦿ Disabling accounts

Password Resets

- From the Main menu, choose Security
- Choose User Maintenance



Password Resets

Find the user on the Current Users grid and click to highlight

Information will display on screen

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User: Edit Window Help

User ID: AEXAMPLE Password: [REDACTED]

Security

Save

User Name: ANN EXAMPLE
Title: DEPUTY LOCAL REGISTRAR
Phone Number: 512-452-7111
2nd Phone Number: [REDACTED]
Agency Name: CITY OF LOCAL
Department: VITAL STATISTICS
E-mail Address: ANN.EXAMPLE@LOCAL.GOV
Manager Name: BOSS LADY
Manager Phone: 512-452-7122

Special Permissions

- Not an Administrator
- Local Administrator
- System Administrator

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPAF
AEXAMPLE	ANN EXAMPLE	DEPUTY LOCAL REGISTRAR	512-452-7111	CITY OF LOCAL	VITAL S
ALWHITLEY	ALICE WHITLEY	ADMINISTRATOR	512-276-8898	CITY OF MAGNOLIA	VS
AWHITLEY	ALICE WHITLEY	LOCAL REGISTRAR	458-7111	CITY OF AUSTIN	ADMINIS
CITYOFARLING	SILVIA ARLINGTON	LOCAL REGISTRAR	4545666	CITY OF ARLINGTON	VS
DALETEST	DALE LAYTON	TEST	X6135	DSHS	IT
DATCC	DAT PHAM COUNTY CLERK	COUNTY CLERK - TEST	458-7111	DSHS	IT
DELLOCAL	DEL RANDALL	LOCAL REGISTRAR	9999999999999999		
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS

Windows Taskbar: start | Electronic Registrar, ... | User Maintenance, L... | reset_password - Mic... | 11:10 AM

Password Resets

Highlight the Password field and type new password

The Verify Password screen will appear – enter new password to confirm and click OK

User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR

User ID: AEXAMPLE Password: *****

User Name: ANN EXAMPLE Title: DEPUTY LOCAL REGISTRAR Phone Number: 512-452-7111 2nd Phone Number: Agency Name: CITY OF LOCAL Department: VITAL STATISTICS E-mail Address: ANN.EXAMPLE@LOCAL.GOV Manager Name: BOSS LADY Manager Phone: 512-452-7122

Special Permissions

Verify Password

Verify Password: *****

OK Cancel

Security

Save

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPAR
AEXAMPLE	ANN EXAMPLE	DEPUTY LOCAL REGISTRAR	512-452-7111	CITY OF LOCAL	VITAL S
ALWHITLEY	ALICE WHITLEY	ADMINISTRATOR	512-276-8898	CITY OF MAGNOLIA	VS
AWHITLEY	ALICE WHITLEY	LOCAL REGISTRAR	458-7111	CITY OF AUSTIN	ADMINIS
CITYOFARLING	SILVIA ARLINGTON	LOCAL REGISTRAR	4545666	CITY OF ARLINGTON	VS
DALETEST	DALE LAYTON	TEST	X6135	DSHS	IT
DATCC	DAT PHAM COUNTY CLERK	COUNTY CLERK - TEST	458-7111	DSHS	IT
DELLOCAL	DEL RANDALL	LOCAL REGISTRAR	9999999999999999		
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS

start Electronic Registrar, ... User Maintenance, L... reset_password - Mic... 11:11 AM

Password Resets

Click Save

The password is now changed!

The screenshot shows a 'User Maintenance' application window. The user profile for 'ANN EXAMPLE' is displayed, including fields for User ID, Password, User Name, Title, Phone Number, Agency Name, Department, E-mail Address, Manager Name, and Manager Phone. The 'Security' section is visible on the right, featuring a padlock icon and a 'Save' button circled in red. A 'Save User' dialog box is open in the center, displaying the message 'Saved successfully!' and an 'OK' button.

Security

Save

Save User

Saved successfully!

OK

Current Users

CUSERID	CUSERNAME	CTITLE	CPHONENUMBER	CAGENCYNAME	CDEPAF
AEXAMPLE	ANN EXAMPLE	DEPUTY LOCAL REGISTRAR	512-452-7111	CITY OF LOCAL	VITAL S
ALWHITLEY	ALICE WHITLEY	ADMINISTRATOR	512-276-8898	CITY OF MAGNOLIA	VS
AWHITLEY	ALICE WHITLEY	LOCAL REGISTRAR	458-7111	CITY OF AUSTIN	ADMINIS
CITYOFARLING	SILVIA ARLINGTON	LOCAL REGISTRAR	4545666	CITY OF ARLINGTON	VS
DALETEST	DALE LAYTON	TEST	X6135	DSHS	IT
DATCC	DAT PHAM COUNTY CLERK	COUNTY CLERK - TEST	458-7111	DSHS	IT
DELLOCAL	DEL RANDALL	LOCAL REGISTRAR	9999999999999999		
DIONLOCAL	DION ARNOLD	LOCAL REGISTRAR	3199	DSHS	IT
DJOHNSON	DEBRA JOHNSON	LOCAL REGISTRAR	281-755-5555	TRAVIS COUNTY PCT 2	VS

User Maintenance

- Be sure to remove TER access when staff discontinue employment!
- To remove access:
 - Locate the User ID on the User Table
 - Change their password to something they will not know
 - Notate their User Name with No Longer Employed

The screenshot shows a web application window titled "User Maintenance, LOCAL REGISTRAR TEST - SLACKEYLR". The interface includes a menu bar (User, Edit, Window, Help) and a toolbar with various icons. The main content area is divided into several sections:

- User ID:** A text input field containing "SILVREG".
- Password:** A text input field with masked characters "*****".
- Security:** A section on the right containing an image of a padlock and a "Save" button.
- User Information:** A series of text input fields for:
 - User Name: REGISTRAR (No Longer Employed)
 - Title: REGISTRAR
 - Phone Number: 512-458-7111
 - 2nd Phone Number: (empty)
 - Agency Name: TRAVIS COUNTY
 - Department: BIRTH REGISTRAR
 - E-mail Address: SREGISTRAR@TRAVIS.NET
 - Manager Name: MARY MANAGER
- Special Permissions:** A section with three radio buttons:
 - Not an Administrator (unselected)
 - Local Administrator (selected)
 - System Administrator (unselected)

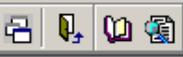
Your Assignment!

- ⦿ Insure that all TER users in your office have signed the Confidentiality and Non-Disclosure Agreement
- ⦿ Remind all TER users in your office that they are to safeguard their password
 - User accounts are NEVER to be shared
 - Passwords are NEVER to be shared
- ⦿ Disable TER accounts for individuals who are reassigned or no longer work in your office

Record Status Screen

Your Report of Death Queue





- Record Status
- User Parameters
- Printer Setup

From the Utilities menu, click on **Record Status**

Electronic Registrar (WebDeath), REGISTRAR - CITY OF AUSTIN - SLACKEYLR - [Record Status]

Functions Reports Queues Utilities Window Help

Select Filter: Number of Records Found: 0

Shown: 0 to: 0

Search Print Exit

EDR	Date Of Death	Last Name	First Name	Middle Name	SFN	Funeral Home	Demo Released	Medical Office	Med Released	Local Re
-----	---------------	-----------	------------	-------------	-----	--------------	---------------	----------------	--------------	----------

The Record Status Screen provides a way to see a list of death records in your jurisdiction that are not yet fully processed. This will include records that have not yet appeared in the local acceptance queue but that have been designated to your jurisdiction.

Select Filter: Number of Records Found: 0

Search: Shown: 0 to: 0

Filter Options:

- ELECTRONIC DEMO NOT RELEASED
- ELECTRONIC MED NOT RELEASED
- DTP DEMO NOT AT LOCAL
- LOCAL NOT RELEASED
- ALL LOCAL PENDING**
- SEARCH RESULTS

EDR	Date Of Death	LastName	FirstName	Middle Name	SPIN	Funeral Home	Demo Released	Medical Office	Med Released	Local Re
-----	---------------	----------	-----------	-------------	------	--------------	---------------	----------------	--------------	----------

Filters allow you to limit the view to a group of records that meet a certain criteria. Records can be accessed by any of the filter options shown.

- All Local Pending – all records designated to the local registration area and not yet assigned a local file number or file date. This will include drop-to-paper and all electronic records. This is the “report of death” filter.

Select Filter: ALL LOCAL PENDING

Number of Records Found: 86

Shown: 1 to: 86

Search

Print

Exit



EDR	Date Of Death	Last Name	First Name	Middle Name	SFN	Funeral Home	Demo Re
000000000566	03/20/2006	ADAMS	JIM			ANGEL FUNERAL HOME	YES
000000000570	03/21/2006	CAKE	PATTIE	RAE		ANGEL FUNERAL HOME	NO
000000000572	03/22/2006	BEAR	SMOKEY	THE-			NO
000000000582	03/28/2006	SHORES	SANDY			ANGEL FUNERAL HOME	NO
000000000589	03/28/2006	BEACHES	SCENIC			ANGEL FUNERAL HOME	NO
000000000581	03/28/2006	EGAN	SARA			ANGEL FUNERAL HOME	NO
000000000608	03/29/2006	PATTYE	REGULAR	HAMBURGER		ANGEL FUNERAL HOME	NO
000000000616	03/30/2006	TRAILS	HAPPY	MARIE		ANGEL FUNERAL HOME	NO
000000000631	04/01/2006	BLACK	JACK				NO
000000000622	04/02/2006	SMITH	DEMO	CERTIFICATE		ANGEL FUNERAL HOME	NO
000000000668	05/02/2006	STATUS	RECORD			ANGEL FUNERAL HOME	NO
000000000673	05/08/2006	ROGERS	MAY			ANGEL FUNERAL HOME	YES
000000000672	05/08/2006	LITTLE	STEWART			ANGEL FUNERAL HOME	YES
000000000675	05/09/2006	ANDJILL	JACK			MEMORIAL OAKS CHAPEL, INC.	NO
000000000695	05/18/2006	JAMES	RICK			ANGEL FUNERAL HOME	NO
000000000700	05/19/2006	REGIONAL	ROBERT			ANGEL FUNERAL HOME	YES
000000000704	05/20/2006	SINATRA	FRANK			ANGEL FUNERAL HOME	YES
000000000702	05/22/2006	ROBINSON	JACQUE	LEE		ANGEL FUNERAL HOME	YES

The screen displays the EDR number, the date of death, name of the deceased, and the name of the funeral home initiating the record.

Select Filter: ALL LOCAL PENDING

Number of Records Found: 86

Shown: 1 to: 86

Search Print Exit

Access to this information through TER will serve as proper notification by the funeral director to the local registrar - equivalent to providing a Report of Death.

EDR						
00000000						
00000000						
00000000						
00000000						
00000000						
00000000	03/28/2006	EGAN	SARA		ANGEL FUNERAL HOME	NO
00000000	03/28/2006	EGAN	SARA		ANGEL FUNERAL HOME	NO
00000000	03/29/2006	PATTYE	REGULAR	HAMBURGER	ANGEL FUNERAL HOME	NO
00000000	03/30/2006	TRAILS	HAPPY	MARIE	ANGEL FUNERAL HOME	NO
00000000	04/01/2006	BLACK	JACK			NO
00000000	04/02/2006	SMITH	DEMO	CERTIFICATE	ANGEL FUNERAL HOME	NO
00000000	04/02/2006	SMITH	ROGER		ANGEL FUNERAL HOME	NO
00000000	04/10/2006	RECORD	JANE	TEST	ANGEL FUNERAL HOME	NO
00000000	04/13/2006				ANGEL FUNERAL HOME	NO
00000000	04/15/2006	SKIP	ROSA	M	ANGEL FUNERAL HOME	NO
00000000	04/17/2006	MARTHA	MISS	P	ANGEL FUNERAL HOME	NO
00000000	05/01/2006	CHENEY	RICHARD		ANGEL FUNERAL HOME	NO
00000000	05/01/2006	QUEEN	STONER	ROCK	ANGEL FUNERAL HOME	YES
00000000	05/02/2006	STATUS	RECORD		ANGEL FUNERAL HOME	NO
00000000	05/08/2006	ROGERS	MAY		ANGEL FUNERAL HOME	YES
00000000	05/08/2006	LITTLE	STEWART		ANGEL FUNERAL HOME	YES
00000000	05/09/2006	ANDJILL	JACK		MEMORIAL OAKS CHAPEL, INC.	NO
00000000	05/18/2006	JAMES	RICK		ANGEL FUNERAL HOME	NO
00000000	05/19/2006	REGIONAL	ROBERT		ANGEL FUNERAL HOME	YES
00000000	05/20/2006	SINATRA	FRANK		ANGEL FUNERAL HOME	YES
00000000	05/22/2006	ROBINSON	JACQUE	LEE	ANGEL FUNERAL HOME	YES

Registering Birth Certificates

- ⦿ Entering non-institutional births into TER
 - Manual records submitted by midwives
 - File paper record with VSU
 - Home births registered by parents
 - Complete and file paper record with VSU, *or*
 - Enter birth into TER

Entering Births in TER

- ◎ Points to remember
 - Local Registrar must be set up in TER as certifier
 - Parent(s) must complete and sign worksheet
 - Worksheets can be ordered from VSU
 - Completed worksheets must be maintained for six (6) years

Manual Filings and TER Registrations

- Paternity guidelines must be followed for father to be listed on birth certificate
 - Local Registrars must be AOP-certified – repeat session on Friday at 8:00

Manual Filings and TER Registrations

- Parent(s) must provide statutorily required proof (TAC 181.26):
 - Proof of pregnancy
 - Proof there was an infant born alive
 - Proof the birth occurred in the registration district
 - Proof the birth occurred on the date stated

Helpful Hints for using TER

- TER Upgrades
- Type – Tab Method
- Visual Cueing
- Unresolved Fields
- Unknown Information
- Cross Checks & Edits
- Mandatory / Non-mandatory Fields



TER Upgrades

Always allow TER upgrades when you enter the TER system

Type-Tab

Type in information then Tab to the next box to avoid incomplete information

Visual Cueing

Yellow indicates information is needed, white indicates information is complete and blue / grey indicates the field is pre-populated or disabled

Electronic Registrar (WebBirth2005), LOCAL REGISTRAR TEST - SLACKEYLR - [Registration]

Functions Registration Edit Reports Queues Utilities Library Maintenance Window Help

SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Record Type (Registration) ok2

Record Type? [] Mother's Medical Record Number: []

Child's Place of Birth

Name: [] State File Number: []

Type: [] County: [] State File Date: []

State: [] City: [] Date AOP Sent: []

Child's Information

Time of Birth: []

Am/Pm: []

Date of Birth: []

Plurality: []

Birth Order: []

Of Infants Alive: []

Sex: []

Mother's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Child's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Mother's Address

Residence Address: [] Apt #: [] State/Foreign country/Terr.: [] County: [] Zip: [] Ext: []

Mailing Address Same as Residence Address? [] City, Town or Location: [] Inside City Limits? []

Mailing Address: [] Apt #: [] State/Foreign country/Terr.: [] City, Town or Location: [] Zip: [] Ext: []

Records In Queue: 9 | Record Type | Blank-Unresolved | Adding New Record | CAPS | NJM | INS | 5/5/2010

Unresolved Fields

You may view a list of birth fields that are unresolved for a particular record and jump to that field to complete the information

Unknown information

If a mandatory field requires information, use a **?** for a numeric response and **none** for a written response

THE UNRESOLVED FIELDS LIST Registration			
Mother	Mother's Mailing State	Mother's Race - American Indian or Alaska Native	Previous Births Now Dead
	Mother's Mailing City		Number of Other Outcomes
Mother's Maiden Middle Name	Mother's Mailing Zip	Mother's Race - Asian Indian	Mother's Height
Mother's Maiden Last Name	Mother's Mailing Zip Extension	Mother's Race - Chinese	Mother's Weight Prior To Delivery
Mother's Suffix	Father/Certifier	Mother's Race - Filipino	
Mother's Date of Birth	Certifier's Name ID	Mother's Race - Japanese	Mother's Weight At Delivery
Mother's Age at Child's Birth Date	Attendant's Name - ID	Mother's Race - Korean	Mother's Women Infants and Children
	Date Certified	Mother's Race - Vietnamese	
Mother's Place of Birth	Information Name	Mother's Race - Other Asian	Syphilis Serology
Mother's Social Security Number	Parents Stat	Mother's Race - Native Hawaiian	Payment Type
Mother's Social Security Number Extension	Mother's Education	Mother's Race - Guamanian or Chamorro	Number Of Cigarettes Before Pregnancy
Marital Status	Mother's Origin - Not Spanish/Hispanic/Latina	Mother's Race - Samoan	Number Of Packs Before Pregnancy
Mother's Residence Street Address	Mother's Origin - Yes, Mexican, Mexican American, Chicano	Mother's Race - Other Pacific Islander	Number Of Cigarettes First Trimester
Mother's Residence Apt#	Mother's Origin - Yes, Puerto Rican	Mother's Race - Other	Number Of Packs First Trimester
Mother's Residence State		Medical 1	Number Of Cigarettes Second Trimester
Mother's Residence County		Mother Transferred	Number Of Packs Second Trimester
Mother's Residence City		Date Last Normal Menses	Number Of Cigarettes Last Trimester
Mother's Residence Zip	Mother's Origin - Yes, Cuban	Mother's Prenatal Care	
Mother's Residence Zip Extension	Mother's Origin - Yes, other Spanish/Hispanic/Latina	Date Of First Visit	Number Of Packs Last Trimester
Mother's City Limits	Mother's Race - White	Date Of Last Visit	
Is Mailing the Same as Residence	Mother's Race - Black or African American	Number Prenatal Visits	Medical 2
Mother's Mailing Street Address		Previous Births Now Living	Birth Weight In Grams
Mother's Mailing Apt #			



Cross Checks

Compares two or more fields and determine consistency among them

Soft Edits

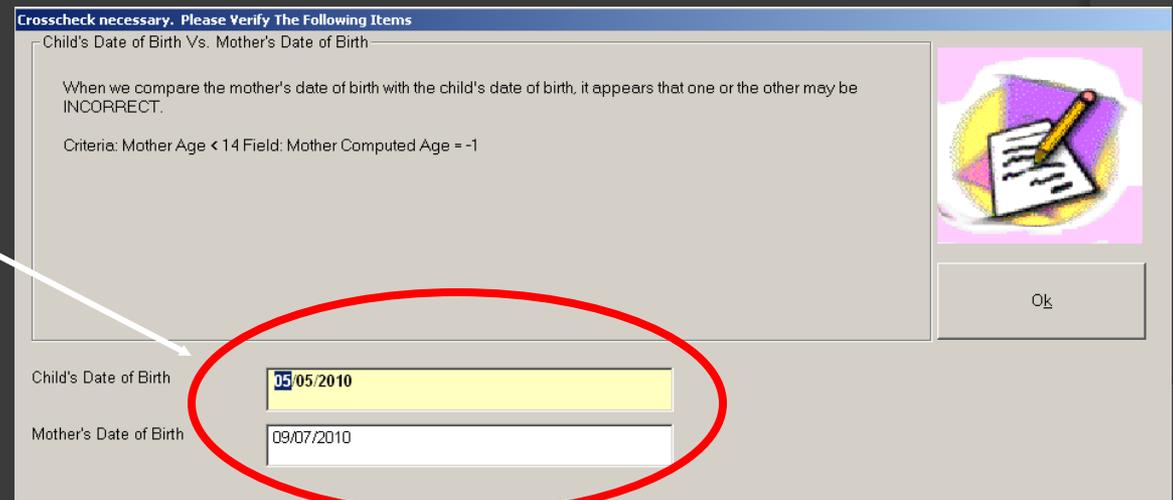
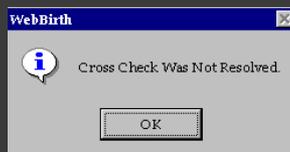
Require the operator to check the accuracy of the information before verifying it

Hard Edits

Cannot be resolved until information is corrected

Example - Hard Edit

- If the child's year of birth and the mother's year of birth are entered the same, the user would receive this cross check
- If the information remains unchanged and the user clicks OK, this message will appear:



A screenshot of a "Crosscheck necessary. Please Verify The Following Items" dialog box. The title bar is blue. The main content area has a light gray background. It contains the following text: "Child's Date of Birth Vs. Mother's Date of Birth", "When we compare the mother's date of birth with the child's date of birth, it appears that one or the other may be INCORRECT.", and "Criteria: Mother Age < 14 Field: Mother Computed Age = -1". There are two input fields: "Child's Date of Birth" with the value "05/05/2010" and "Mother's Date of Birth" with the value "09/07/2010". A red circle highlights both input fields. An "OK" button is visible on the right side.

This hard edit will **not** resolve until one of the fields are changed with a correct date.

Mandatory Fields

These fields must be answered in order for the record to be resolved

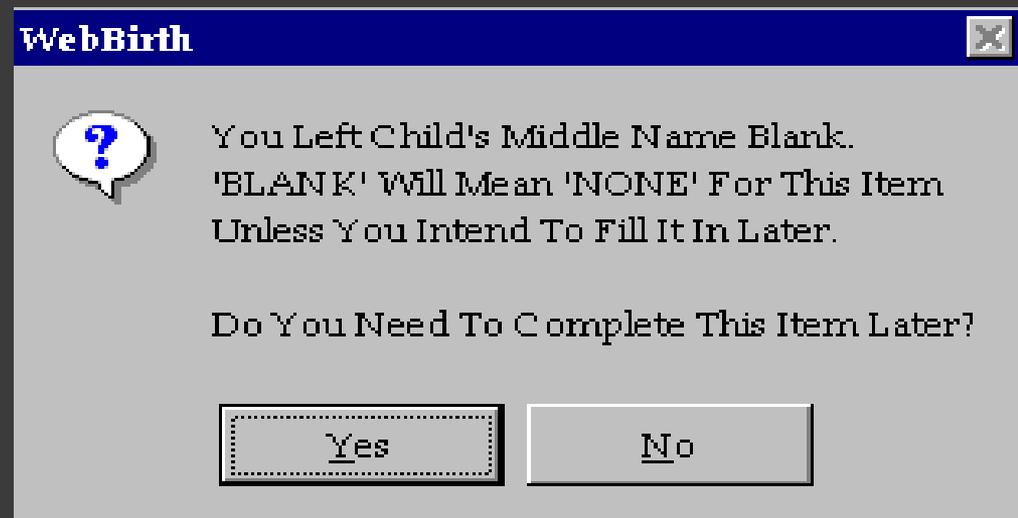
Non-mandatory Fields

These are fields which may be blank because they cannot be answered

For example, the middle name field is non-mandatory, because some people do not have middle names

If the child's middle name field was left blank, the following message would display

Pressing **No** will leave
this field blank and
resolved



Entering the Information - TABS

- **Tab 1 - General**
 - Date AOP Sent (Fax AOP and enter date here)
- **Tab 2 - Mother 1**
 - SSN for baby? If you select yes the information will be sent to SSA
- **Tab 3 - Mother 2**
 - Mothers maiden name (Name Prior To First Marriage)
- **Tab 4 - Father 1**
 - Legal Father's information (The man who is going to be listed on the birth record as the father)
- **Tab 5 - Father 2**
 - The presumed father is the husband of the child's mother
- **Tab 6 - Medical 1**
- **Tab 7 - Medical 2**
 - ImmTrac consent – TER only records the consent process, the paperwork would still need to be completed
- **Tab 8 - Certifier**
 - Mother's Medicaid Name & Number is only needed for Medicaid benefits





From the Birth screen,
click the
‘Registration/Inhouse’
icon



SFN: LFN:

MOM MED P [] [] [] ALL UNRESOLVED [] []

Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Click the New Record icon

Child's Place of Birth

Name: [] Type: [] County: [] State: [] City: []

Mother's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Child's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Mother's Address

Residence Address: [] Apt #: [] State/Foreign country/Terr: [] County: [] Zip: [] Ext: [] Mailing Address Same as Residence Address? [] City, Town or Location: [] Inside City Limits? [] Mailing Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

Mother's Medical Record Number: [] State File Number: [] State File Date: [] Date AOP Sent: []

Child's Information Time of Birth: [] Am/Pm: [] Date of Birth: [] Plurality: [] Birth Order: [] # Of Infants Alive: [] Sex: []



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General

Mother 1

Mother 2

Father 1

Father 2

Medical 1

Medical 2

Certifier

Record Type (Registration) ok2

Record Type? []

- FOUNDLING
- HOME BIRTH
- BORN AT NON PARTICIPATING FACILITY
- EN ROUTE TO NON PARTICIPATING FACILITY

Child's Place of Birth Name: []
 Type: [] County: []
 State: [] City: []

Mother's Medical Record Number: []
 State File Number: []
 State File Date: []

Child's Information
 Time of Birth: []
 Am/PM: []
 Date of Birth: []
 Plurality: []
 Birth Order: []
 Infants Alive: []
 Sex: []

Mother's Current Legal Name
 First Name: [] Middle Name: [] Last Name: []

Child's Current Legal Name
 First Name: [] Middle Name: [] Last Name: []
 Sex: []

Mother's Address
 Residence Address: [] Apt #: [] State/Foreign country/Terr: [] County: [] Zip: [] Ext: []
 Mailing Address Same as Residence Address? [] City, Town or Location: [] Inside City Limits? []
 Mailing Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

Select the Record Type from the pull-down



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General

Mother 1

Mother 2

Father 1

Father 2

Medical 1

Medical 2

Certifier

Place of Birth Name (Registration)

Record Type? HOME BIRTH

Mother's Medical Record Number: []

Child's Information Time of Birth: []

Child's Place of Birth

Name: []

Type: WINNIE COMMUNITY HOSPITAL

State: WISE REGIONAL HEALTH SYSTEM

Mother's Current Location

First Name: YOAKUM COMMUNITY HOSPITAL

[] YOAKUM COUNTY HOSPITAL

[] ZALE LIPSHY UNIVERSITY HOSPITAL

(Add New)

State File Number: []

State File Date: []

Date AOP Sent: []

Am/Pm: []

Date of Birth: []

Plurality: []

Birth Order: []

Child's Current Legal Name

First Name: [] Middle Name: [] Last Name: []

Of Infants Alive: []

Mother's Address

Residence Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

Mailing Address Same as Residence Address? [] City, Town or Location: [] Limits? []

Mailing Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

To enter the place of birth, click (Add New)



Facility

Name:

Address:

Type:

State:

Other:

Town:

Code:

TDHS toggle

Local Registrar:



Local Code:

Since the birth occurred at home, we need to add the home as a place of birth, or “facility”

Medicaid License Number:

NPI Number:

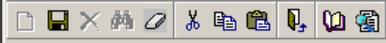
Facilities

7 Records

FACILITYNAME	FACILITYTYPE	FACILITYTYPEOTHER	FACILITYCODE	ADDRESS	STATENAME	TOWNNAME	LOCALREGISTRAR
1100 W49 STREET	Home (Not Intended)			1100 W49 STREET	TEXAS	AUSTIN	
1209 SOUTH 1ST	Home (Not Intended)			1209 SOUTH 1ST	TEXAS	AUSTIN	
1234 GOOD STREET	Home (Not Intended)			1234 GOOD STREET	TEXAS	AUSTIN	
1515 17TH STREET	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
MARIA TIJERINA	Home (Intended)			2104 FLAMINGO DRIVE	TEXAS	LEWISVILLE	
RHONDA GOODMAN	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
SETON	Hospital			3800 HOSPITAL AVE	TEXAS	AUSTIN	

OK

Cancel



Name: 822 WRIGHT LANE

Address

Type:

State

Other: **Home (Not Intended)**

Town

Code: Hospital
Licensed Birthing Center
Not classifiable
Other

Local Registrar:

Local Code:

Medicaid License Number:

NPI Number:

Enter the street address where the baby was born

Select the appropriate Home choice from the pull-down

Facility



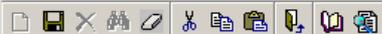
7 Records

Facilities

FACILITYNAME	FACILITYTYPE	FACILITYTYPEOTHER	FACILITYCODE	ADDRESS	STATENAME	TOWNNAME	LOCALREGISTRAR
1100 W49 STREET	Home (Not Intended)			1100 W49 STREET	TEXAS	AUSTIN	
1209 SOUTH 1ST	Home (Not Intended)			1209 SOUTH 1ST	TEXAS	AUSTIN	
1234 GOOD STREET	Home (Not Intended)			1234 GOOD STREET	TEXAS	AUSTIN	
1515 17TH STREET	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
MARIA TIJERINA	Home (Intended)			2104 FLAMINGO DRIVE	TEXAS	LEWISVILLE	
RHONDA GOODMAN	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
SETON	Hospital			3800 HOSPITAL AVE	TEXAS	AUSTIN	

OK

Cancel



Facility

Name: 822 WRIGHT LANE

Address: 822 WRIGHT LANE

Type: Home (Not Intended)

State: TEXAS

Other:

Town: AUSTIN (TRAVIS)

Local Registrar:



Enter the place of birth address again

Enter Texas and the city of birth

Facilities

7 Records

FACILITYNAME	FACILITYTYPE	FACILITYTYPEOTHER	FACILITYCODE	ADDRESS	STATENAME	TOWNNAME	LOCALREGISTRAR
1100 W49 STREET	Home (Not Intended)			1100 W49 STREET	TEXAS	AUSTIN	
1209 SOUTH 1ST	Home (Not Intended)			1209 SOUTH 1ST	TEXAS	AUSTIN	
1234 GOOD STREET	Home (Not Intended)			1234 GOOD STREET	TEXAS	AUSTIN	
1515 17TH STREET	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
MARIA TIJERINA	Home (Intended)			2104 FLAMINGO DRIVE	TEXAS	LEWISVILLE	
RHONDA GOODMAN	Home (Not Intended)			1515 17TH STREET	TEXAS	PORT ARTHUR	
SETON	Hospital			3800 HOSPITAL AVE	TEXAS	AUSTIN	

Click OK

OK

Cancel



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Place of Birth Name (Registration)

Record Type? HOME BIRTH

Mother's Medical Record Number: []

Child's Information

Time of Birth: []

Child's Place of Birth

Am/Pm: []

Name: 822 WRIGHT LANE

State File Number: []

Date of Birth: []

Type: Home (Not Intended) County: TRAVIS

State File Date: []

State: TEXAS City: AUSTIN

Date AOP Sent: []

Plurality: []

Mother's Current Legal Name

[]

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Birth Order: []

Child's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Of Infants Alive: []

Sex: []

Mother's Address

Residence: [] Zip: [] Ext: []

Mailing Address: [] Location: [] Inside City Limits? []

Mailing Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

You will be returned to the General tab and the place of birth will be populated

SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Place of Birth Name (Registration)

Record Type? HOME BIRTH

Mother's Medical Record Number: []

Child's Information

Time of Birth: []

Child's Place of Birth

Am/Pm: []

Name: 822 WRIGHT LANE

State File Number: []

Date of Birth: []

Type: Home (Not Intended) County: TRAVIS

State File Date: []

State: TEXAS City: AUSTIN

Date AOP Sent: []

Plurality: []

Mother's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Birth Order: []

Child's Current Legal Name

First Name: [] Middle Name: [] Last Name: [] Suffix: []

Of Infants Alive: []

Mother's Address

Residence Address: [] Apt #: [] State/F: []

Mailing Address Same as Residence Address? [] City, Town or Location: [] Inside City Limits? []

Mailing Address: [] Apt #: [] State/Foreign country/Terr: [] City, Town or Location: [] Zip: [] Ext: []

Complete each field, tabbing from one to the next

MOM MED REC: [] [] [] ALL UNRESOLVED []

General **Mother 1** Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Mother's Date of Birth (Registration)

Mother's Information
Date of Birth: [] Age: []
State, Territory, or Foreign Country of Birth: []

Mother's Information
Education: []
Occupation: [] Type of Business(Industry): []

Mother's Information
Mother's SSN: []
SSN for Baby? []
Did Mother relinquish rights to child? []
Mother's Relinquish Date: []

Mother of Hispanic Origin? (Check only one)

- 00. No, not Spanish/Hispanic/Latina
- 01. Yes, Mexican, Mexican American, C
- 02. Yes, Puerto Rican
- 03. Yes, Cuban
- 04. Yes, other Spanish/Hispanic/Latina
- 99. Unknown if Spanish/Hispanic/Latina

After completing Mother's Hispanic Origin, click Mother's Race

Mother Of Hispanic Origin? [] **Mother's Race** []

General Mother 1 Mother 2 Father Local 2 Certifier

Race options appear. Select all that apply.

Mother's Date of Birth (Registration)

Mother's Information: Date of Birth, Age, State, Territory, or Foreign Country of Birth

Mother's Information: Education, Occupation, Type of Business(Industry)

Mother's Information: Mother's SSN, SSN for Baby?, Did Mother relinquish rights to child?, Mother's Relinquish Date

Mother's Race (Check one or more race to indicate what the mother considers herself to be): 01. White, 02. Black or African American, 03. American Indian or Alaska Native, 04. Asian Indian, 05. Chinese, 06. Filipino, 07. Japanese, 08. Korean, 09. Vietnamese, 10. Other Asian, 11. Native Hawaiian, 12. Guamanian or Chamorro, 13. Samoan, 14. Other Pacific Islander, 15. Other, 99. Unknown

Mother Of Hispanic Origin?

Mother's Race

SFN: LFN: MOM MED REC: [] [] [] ALL UNRE

Mother 2 tab – complete all items

General Mother 1 Mother 2 Certifier

Help For This Field Is Not Available.

Mother's Health Information

Cigarette Smoking Before and During Pregnancy

Did Mother Receive WIC Food For Herself Because she was pregnant with this child? []

Mother's Height (Feet : Inches): []

Mother's Weight (Pounds) Prepregnancy: [] At Delivery: []

Marital Status

Three Months Before - Cigs / Day: [] Packs / Day: [] Day: [] Packs / Day: [] Day: [] Packs / Day: [] Third Trimester - Cigs / Day: [] Packs / Day: []

Mother's Information

Mother's maiden name

Pat

Marital Status: [] Married within 300 days? [] AOP: []

Mother's Name Prior to Her First Marriage

First Name: [] Middle Name: [] Last Name: [] Suffix: []



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 **Mother 2** Father 1 Father 2 Medical 1 Medical 2 Certifier

Marital Status (Registration)

Mother's Health Information

Did Mother Receive WIC Food For Herself Because she was pregnant with this child? []

Mother's Weight (Pounds)

Prepregnancy: []

At Delivery: []

Mother's Height (Feet : Inches): []

Cigarette Smoking Before and During Pregnancy

Three Months Before -	Cigs / Day:	[]	Packs / Day:	[]
First Three Months -	Cigs / Day:	[]	Packs / Day:	[]
Second Three Months -	Cigs / Day:	[]	Packs / Day:	[]
Third Trimester -	Cigs / Day:	[]	Packs / Day:	[]

Select proper response – determines availability of 'Father 1' and 'Father 2' tab items

Marital Status: []

Married within 300 days? []

AOP: []

NEVER MARRIED
WIDOWED
DIVORCED
CURRENTLY MARRIED
MARRIED BUT REFUSING HUSBAND INFORMATION

First Name: [] Middle Name: [] Last Name: [] Suffix: []

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 **Mother 2** Father 1 Father 2 Medical 1 Medical 2 Certifier

Paternity Affidavit (Registration)

Mother's Health Information

Did Mother Receive WIC Food For Herself Because she was pregnant with this child? []

Mother's Weight (Pounds)

Prepregnancy: []

At Delivery: []

Mother's Height (Feet : Inches): []

Cigarette Smoking Before and During Pregnancy

Three Months Before -	Cigs / Day:	[]	Packs / Day:	[]
First Three Months -	Cigs / Day:	[]	Packs / Day:	[]
Second Three Months -	Cigs / Day:	[]	Packs / Day:	[]
Third Trimester -	Cigs / Day:	[]	Packs / Day:	[]

Depending on response to 'Marital Status' – you may also need to respond to 'AOP' question

Marital Status: NEVER MARRIED []

Married within 300 days? NO []

AOP: [] YES NO

First Name: [] Middle Name: [] Last Name: [] Suffix: []

SFN: LFN: ALL UNRES

MOM MED REC:

Father 1 tab –
complete all items

General **Mother 1** Mother 2 **Father 1** Certifier

Father's First Name (Registration)

Father's Current Legal Name

First Name:

Middle Name:

Last Name:

Suffix:

Father's Information

Education:

Occupation: Type of Business(Industry):

Father of Hispanic Origin? (Check only one)

00. No, not Spanish/Hispanic/Latina

01. Yes, Mexican, Mexican American, Chicana

02. Yes, Puerto Rican

03. Yes, Cuban

04. Yes, other Spanish/Hispanic/Latina

(Specify)

99. Unknown if Spanish/Hispanic/Latina

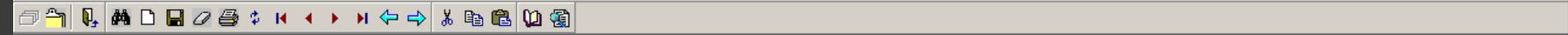
Father's Information

Date of Birth: Age:

State, Territory, or Foreign Country of Birth:

Father's SSN:

Father Of Hispanic Origin? Father's Race



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED [] []

General Mother 1 Mother 2 **Father 1** Father 2 Medical 1 Medical 2 Certifier

[]

Father's Current Legal Name

First Name: []
Middle Name: []
Last Name: []
Suffix: []

Father's Information

Education: []
Occupation: [] Type of Business(Industry): []

Father's Information

Date of Birth: [] Age: []
State, Territory, or Foreign Country of Birth: []
Father's SSN: []

If mother is not married and no AOP is indicated, or if mother is "Married, but Refusing Husband's Information," the tab will be grayed out and no information can be entered.

[]
 99. Unknown if Spanish/Hispanic/Latina

Father Of Hispanic Origin? Father's Race

SFN: LFN: MOM MED REC: ALL UNRESOLVED

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Paternity- Genetic Testing (Registration)

Father's Information Paternity- Genetic Testing:

Father's Mailing Address Same as Mother's Mailing Address? Address: State/Foreign country/Terr: City, Town or Location: Zip: Ext:

Presumed Father's Information Presumed Father Date of Birth: Presumed Father's SSN:

Presumed Father's Current Legal Name Suffix:

Presumed Father's Mailing Address Address: State/Foreign country/Terr: City, Town or Location: Zip: Ext:

If a father is listed, complete Genetic Testing and Father's Mailing Address info

SFN: LFN: MOM MED REC: ALL UNRESOLVED

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

If mother is married, but her husband is not the father of the baby, and the biological father is listed on the Father 1 tab – enter her husband’s information on Father 2. This information is for the AOP only; it will not appear on the birth record.

Presumed Father's Current Legal Name
Name:
Middle Name:
Last Name:
Suffix:

Presumed Father's Mailing Address
Address:
Apt #:
State/Foreign country/Terr:
City, Town or Location:
Zip:
Ext:

Presumed Father's Information
Presumed Father Date of Birth:
Presumed Father's SSN:

Complete each item on Medical 1, tabbing from field to field

Medical 1 Medical 2 Certifier

Prenatal Care

Prenatal Care? [dropdown]

Date of First Visit: [date field]

Source of Prenatal Care [dropdown]

Date of Last Visit: [date field]

Total Number of Prenatal Visits For This Pregnancy: [text field]

Date Last Normal Menses Began: [date field]

Pregnancy History

Live Births Now Living: [text field]

Date of Last Live Birth: [date field]

Live Births Now Dead: [text field]

Number of Other Pregnancy Outcomes: [text field]

Date of Last Other Pregnancy Outcome: [date field]

Risk Factors In This Pregnancy Infections

Obstetric Procedures Onset of Labor

Risk Factors In This Pregnancy (Check all that apply)

- Diabetes
 - 01. Prepregnancy (diagnosis prior to this pregnancy)
 - 02. Gestational (diagnosis in this pregnancy)
- Hypertension
 - 03. Prepregnancy (chronic)
 - 04. Gestational (PIH, preeclampsia)
 - 05. Eclampsia
- 06. Previous preterm birth
- 07. Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- 08. Pregnancy resulted from infertility treatment
 - 09. Fertility-enhancing drugs, artificial insemination or intrauterine insemination
 - 10. Assisted reproductive technology
- 11. Mother had a previous cesarean delivery

If "YES", how many? [text field]
- 12. Antiretrovirals administered during pregnancy or at delivery
- 00. None of the above

Click on each "button" to reveal additional information to be completed

MOM ESOLVED

Father 2 Medical 1 Medical 2 Certifier

Hel

Pr

Prenatal Care?

Date of First Visit:

Source of Prenatal Care

Date of Last Visit:

Total Number of Prenatal Visits For This Pregnancy:

Date Last Normal Menses Began:

Pregnancy History

Live Births Now Living: Date of Last Live Birth:

Live Births Now Dead:

Number of Other Pregnancy Outcomes: Date of Last Other Pregnancy Outcome:

Source of Prenatal Care

- Hospital Clinic
- Public Health Clinic
- Private Physician
- Midwife
- Other (Specify)
- Unknown

Risk Factors In This Pregnancy Infections

Obstetric Procedures Onset of Labor

General Mother 1 Mother 2 Father 1 Father 2 **Medical 1** Medical 2 Certifier

Help For This Field Is Not Available.

Prenatal Care

Prenatal Care? []

Date of First Visit: [] [] [] [] [] []

Date of Last Visit: [] [] [] [] [] []

Source of Prenatal Care []

Infections Present and/or Treated During this Pregnancy (Check All That Apply)

- 01. Gonorrhea
- 02. Syphilis
- 03. Chlamydia
- 04. Hepatitis B
- 05. Hepatitis C
- 00. None of the above

Click on each "button" to reveal additional information to be completed

Number of Other Pregnancy Outcomes: []

Date of Last Pregnancy Outcome: [] [] [] [] [] []

Risk Factors In This Pregnancy	Infections
Obstetric Procedures	Onset of Labor

HIV Test

HIV Test Done Prenatally: []

HIV Test Done At Delivery: []



Complete each item on Medical 2, tabbing from field to field

Child's Health Information

Birth Weight -

Obstetric Estimate of Gestation (Weeks):

Grams:

Obstetric Estimate of Gestation (Weeks):

Calculated Gestation (Weeks):

Pounds, Ozs:

Apgar Score -

Child's Sex:

at 5 minutes:

at 10 minutes:

Was Infant Transferred within 24 hours Delivery?

Specify Facility:

Is Infant Living at Time of Report?

Is Infant Being Breastfed at Discharge?

Hepatitis B Immunization given:

Characteristics of Labor & Delivery (Check All That Apply)

- 01. Induction of labor
- 02. Augmentation of labor
- 03. Non-vertex presentation
- 04. Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- 05. Antibiotics received by the mother during labor
- 06. Chorioamnionitis or maternal temperature >= 38 degrees C or 100.4 degrees F
- 07. Moderate/heavy meconium staining of the amniotic fluid
- 08. Fetal intolerance of labor was such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- 09. Epidural or spinal anesthesia during labor
- 00. None of the above

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 **Medical 2** Certifier

Characteristics of L&D Method of Delivery Maternal Morbidity

Child's Health Information

Birth Weight -

Grams:

Pounds, Ozs:

Obstetric Estimate of Gestation (Weeks):

Calculated Gestation (Weeks):

Apgar Score

Child's Sex:

minutes: at 10 minutes:

Abnormal Conditions of the Newborn Congenital ImmTrac Consent

Was Infant Transferred within 24 hours Delivered:

Specify Facility:

Method of Delivery:

A. Was delivery with forceps attempted but unsuccessful?

B. Was delivery with vacuum extraction attempted but unsuccessful?

C. Fetal presentation at birth:

Other:

D. Final route and method of delivery:

If cesarean, was a trial of labor attempted?

Click on each "button" to reveal additional information to be completed

SFN: LFN: MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Attendant (Registration)

Attendant/Certifier

Attendant: [] Is Certifier the Same as Attendant? []

Type: [] Certifier: []

Address: []

State: []

City: []

Zip: []

License number: []

Since the birth occurred at home, we need to add the attendant's information to the Attendant/Certifier table

Principal Source Of Payment For This Delivery: []

Other (Specify): []

Mother's Medicaid/CHIP Name: []

Mother's Medicaid/CHIP Number: []

Infant's Medical Record Number: []

Infant Primary Care Physician: []

Was the Mother Transferred to this Facility for Delivery? []

Specify Facility: []



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Attendant (Registration)

Attendant/Certifier

Attendant: []
Type: CAUDILLO LLUVIA
 HENDERSON SUSAN
 SMITH MARY
Address: []
 (Add New)
State: []
City: []
Zip: []
License number: []

Is Certifier the Same as Attendant? []
Certifier: []
Type: []
Address: []
State: []

To enter the Attendant information, click (Add New) on the pull-down

Principal Source Of Payment For This Delivery: []
Other (Specify): []
Mother's Medicaid/CHIP Name: []
Mother's Medicaid/CHIP Number: []
Infant's Medical Record Number: []
Infant Primary Care Physician: []
Was the Mother Transferred to this Facility for Delivery? []
Specify Facility: []



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: WILLIAM

Address:

Last Name: WRIGHT

Role:

- ATTENDANT ONLY
- ATTENDANT/CERTIFIER
- ATTENDANT/INFANT ATTENDANT
- CERTIFIER/ATTENDANT/INFANT ATTENDANT

Type:

Other:

License:

TPI Number:

You will be taken to the Attendant/Certifier screen. Enter the name of the attendant.

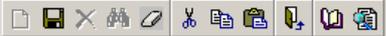
Select 'Attendant Only' from the Role pull-down

Attendants/Certifiers

0 Records

OK

Cancel



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: WILLIAM

Last Name: WRIGHT

Role: ATTENDANT ONLY

Type:

- M.D.
- D.O.
- Certified Nurse Midwife
- Documented Midwife
- Other**
- Unknown

License:

TPI Number:

Address:

St

City

Zip Co

Select the Attendant Type from the Type pull-down. In this example, the attendant is the father, so select Other

Attendants/Certifiers

0 Records

OK

Cancel



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: WILLIAM

Address: 822 WRIGHT LANE

Last Name: WRIGHT

State: TX (TEXAS)

Role: ATTENDANT ONLY

Town: AUSTIN (TRAVIS)

Type: Other

Zip Code: 78701

Other: FATHER

Display in Lists?

License: 999

PIN: [Redacted]

TPI Number: [Redacted]



“Other” attendant types will not have a license number. Enter “999.”

When Type is Other, you must specify the attendant’s relationship to the mother.

Complete the rest of the fields. Be sure the Display in Lists? box is checked.

Click ‘OK’

OK

Cancel



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Certifier (Registration)

Attendant/Certifier

Attendant: WRIGHT WILLIAM

Type: Other

Address: 822 WRIGHT LANE

State: TEXAS

City: AUSTIN

Zip: 78701

License number: 999

Is Certifier the Same as Attendant? NO

Certifier:

Type:

Address:

State:

City:

Zip:

License number:

The attendant information will populate

Date Certified: / /

Principal Source Of Payment For This Delivery: []

Other (Specify): []

Mother's Medicaid/CHIP Name: []

Mother's Medicaid/CHIP Number: []

Infant's Medical Record Number: []

Infant Primary Care Physician: []

Was the Mother Transferred to this Facility for Delivery? []

Specify Facility: []



SFN: LFN:

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

Certifier (Registration)

Attendant/Certifier

Attendant: WRIGHT WILLIAM

Type: Other

Address: 822 WRIGHT LANE

State: TEXAS

City: AUSTIN

Zip: 78701

License number: 999

Is Certifier the Same as Attendant? NO

Certifier: []

Type:

Address:

- CAUDILLO LLUVIA
- GOODMAN RHONDA
- HOLMES ROBBIE
- JONES JANE
- RAULS RHONDA
- (Add New)

Select the Certifier from the pull-down

Principal Source Of Payment For This Delivery: []

Other (Specify): []

Mother's Medicaid/CHIP Name: []

Mother's Medicaid/CHIP Number: []

Infant's Medical Record Number: []

Primary Care Physician: []

Was the Mother Transferred to this Facility for Delivery? []

Specify Facility: []

MOM MED REC: [] [] [] ALL UNRESOLVED []

General Mother 1 Mother 2 Father 1 Father 2 Medical 1 Medical 2 Certifier

The certifier information will populate.

Certifier (Registration)

Attendant/Certifier

Attendant: WRIGHT WILLIAM
Type: Other
Address: 822 WRIGHT LANE
State: TEXAS

Is Certifier the Same as Attendant? NO
Certifier: JONES JANE
Type: Other
Address: 1234 MAIN STREET
State: TEXAS
City: AUSTIN
Zip: 78756
License number: 999

Complete the rest of the information

Principal Source Of Payment For This Delivery: []

Other (Specify): []

Mother's Medicaid/CHIP Name: []

Mother's Medicaid/CHIP Number: []

Infant's Medical Record Number: []

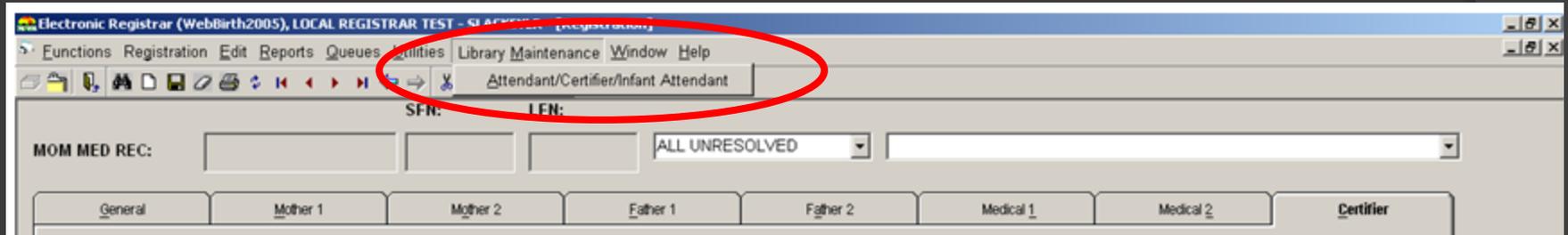
Infant Primary Care Physician: []

Was the Mother Transferred to this Facility for Delivery? []

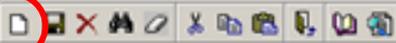
Specify Facility: []

Adding a Certifier

Certifiers must be added through Library Maintenance.



1. Click Library Maintenance
2. Click Attendant/Certifier/Infant Attendant from the pull-down
3. You will be taken to the Attendant/Certifier screen



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: RHONDA

Last Name: GOODMAN

Role: CERTIFIER/ATT

Type: Other

Other: MOTHER

License: ?

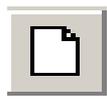
PIN:

TP1 Number: ?



Save

Click the 'New' icon to create a new certifier.



Attendants/Certifiers

18 Records

CERTIFIERFIRSTNAME	CERTIFIERLASTNAME	CERTIFIERROLE	CERTIFIERTYPE	CERTIFIERTYPEOTHER
RHONDA	GOODMAN	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other	MOTHER
RHONDA	GOODMAN	CERTIFIER ONLY	Facility Administrator or Designee	
RHONDA	RAULS	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other	MOTHER
RHONDA	RAULS	CERTIFIER ONLY	Facility Administrator or Designee	
ROBBIE	HOLMES	CERTIFIER ONLY	Other	LOCAL REGISTRAR
SUSAN	HENDERSON	ATTENDANT ONLY	Other	MOTHER
UNKNOWN	UNKNOWN	INFANT ATTENDANT ONLY	Unknown	
WILLIAM	WRIGHT	ATTENDANT ONLY	Other	FATHER



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: JANE

Last Name: JONES

Role: [Dropdown menu]

- ATTENDANT ONLY
- CERTIFIER ONLY**
- INFANT ATTENDANT ONLY
- ATTENDANT/CERTIFIER
- ATTENDANT/INFANT ATTENDANT
- CERTIFIER/ATTENDANT/INFANT ATTENDANT

License: [Text field]

TPI Number: [Text field]

Enter the information requested, tabbing from field to field.

Select 'Certifier Only' from the Role pull-down

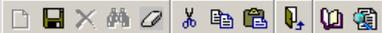


Save

Attendants/Certifiers

15 Records

CERTIFIERFIRSTNAME	CERTIFIERLASTNAME	CERTIFIERROLE	CERTIFIERTYPE	CERTIFIERTYPEOTHER
LOCAL	REGISTRAR	CERTIFIER ONLY	Other	LOCAL REGISTRAR
LOCAL	REGISTRAR	CERTIFIER ONLY	Other	LOCAL REGISTRAR
MARY	MIDWIFE	ATTENDANT ONLY	Documented Midwife	
MARY	SMITH	ATTENDANT ONLY	Other	MOTHER
PATRICIA	HOSEY	ATTENDANT/INFANT ATTENDANT	D.O.	
RHONDA	GOODMAN	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other	MOTHER
RHONDA	GOODMAN	CERTIFIER ONLY	Facility Administrator or Designee	
RHONDA	RAULS	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other	MOTHER
RHONDA	RAULS	CERTIFIER ONLY	Facility Administrator or Designee	



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: JANE

Last Name: JONES

Role: CERTIFIER ONLY

Type:

- Other:
 - M.D.
 - D.O.
 - Certified Nurse Midwife
 - Documented Midwife
 - Other**
 - Facility Administrator or Designee
 - Unknown

License:

TPI Number:

Address:

State:

Town:

Zip Code:

Display In Lists?

PIN:



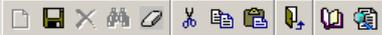
Save

Attendants/Certifiers

15 Records

Select the Other as the Certifier Type from the Type pull-down menu

CERTIFIERFIRSTNAME	CERTIFIERLASTNAME	CE	TIERTYPEOTHER
LOCAL	REGISTRAR	CE	L REGISTRAR
LOCAL	REGISTRAR	CE	L REGISTRAR
MARY	MIDWIFE	AT	
MARY	SMITH	ATTENDANT ONLY	Other
MARY	SMITH	ATTENDANT ONLY	MOTHER
PATRICIA	HOSEY	ATTENDANT/INFANT ATTENDANT	D.O.
RHONDA	GOODMAN	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other
RHONDA	GOODMAN	CERTIFIER ONLY	Facility Administrator or Designee
RHONDA	GOODMAN	CERTIFIER ONLY	MOTHER
RHONDA	RAULS	CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other
RHONDA	RAULS	CERTIFIER ONLY	Facility Administrator or Designee
RHONDA	RAULS	CERTIFIER ONLY	MOTHER



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: JANE

Address: 1234 MAIN STREET

Last Name: JONES

State: TEXAS

Role: CERTIFIER ONLY

Town: AUSTIN (TRAVIS)

Type: Other

Zip Code: 78756

Other: LOCAL REGISTRAR

Display In Lists?

License: 999

PIN:

TPI Number:



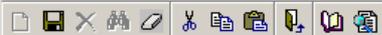
Complete the rest of the fields. Be sure the Display in Lists? box is checked

Enter "Local Registrar" as the Other

Enter "999" as the license number; tab past the TPI number, leaving it blank

RD			
DO			
LOCAL REGISTRAR			
T ONLY	Documented Midwife		
T ONLY	Other	MOTHER	<input type="checkbox"/>
T/INFANT ATTENDANT	D.O.		
ATTENDANT/INFANT ATTENDANT	Other	MOTHER	
ONLY	Facility Administrator or Designee		
ATTENDANT/INFANT ATTENDANT	Other	MOTHER	
	Facility Administrator or Designee		

RHONDA PAULS CERTIFIER ONLY



Attendant/Certifier

Facility Name: LOCAL REGISTRAR TEST

First Name: JANE

Address: 1234 MAIN STREET

Last Name: JONES

State: TEXAS

Role: CERTIFIER ONLY

Town: AUSTIN (TRAVIS)

Type: Other

Zip Code: 78756

Other: LOCAL REGISTRAR

Display In Lists?

License: 999

PIN:

TPI Number:



Save

Enter a PIN for the Certifier.
This will be used when electronically "signing" the birth records

Click Save

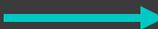
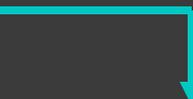
Attendants

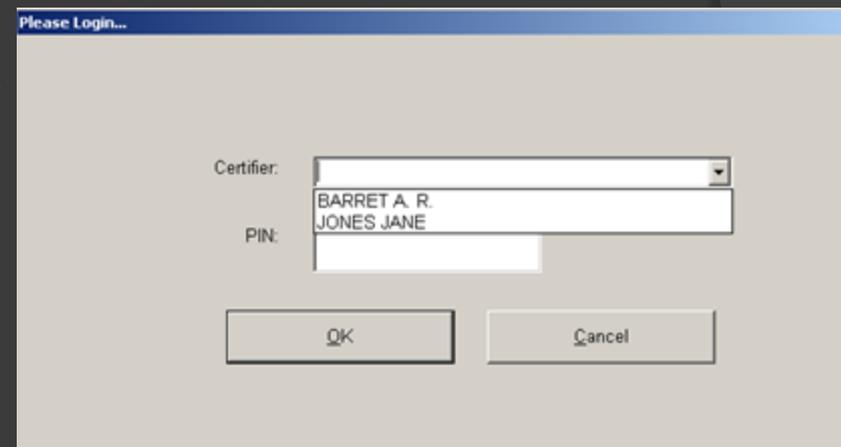
CERTIFIER	LAST NAME	FIRST NAME	CERTIFIERTYPE	CERTIFIERTYPEOTHER
LOCAL				LOCAL REGISTRAR
LOCAL				LOCAL REGISTRAR
MARY			Documented Midwife	
MARY				MOTHER
PATRICIA				
RHONDA	GOODMAN		CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other
RHONDA	GOODMAN		CERTIFIER ONLY	Facility Administrator or Designee
RHONDA	RAULS		CERTIFIER/ATTENDANT/INFANT ATTENDANT	Other
RHONDA	RAULS		CERTIFIER ONLY	Facility Administrator or Designee

Certifying the Record

All records will require electronic certification in order to be legally released from the facility. The certifier should always review the information for completeness and accuracy before pinning (signing) the record.

Certification indicates that the child was born at that facility on the specified date and time.

1. Choose a Certifier from the list. 
2. The records ready to be certified for the selected individual will display.
3. The Certify Toggle will indicate that a record is to be certified.
4. Select the Certify icon from the toolbar. 

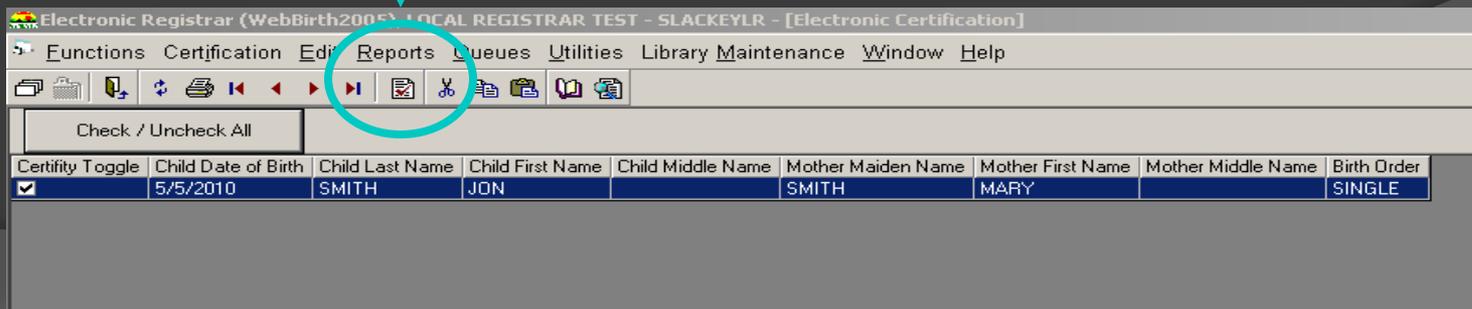


Please Login...

Certifier:

PIN:

OK Cancel



Electronic Registrar (WebBirth2005) LOCAL REGISTRAR TEST - SLACKEYLR - [Electronic Certification]

Functions Certification Edit Reports Queues Utilities Library Maintenance Window Help

Check / Uncheck All

Certify Toggle	Child Date of Birth	Child Last Name	Child First Name	Child Middle Name	Mother Maiden Name	Mother First Name	Mother Middle Name	Birth Order
<input checked="" type="checkbox"/>	5/5/2010	SMITH	JON		SMITH	MARY		SINGLE

Certifying the Record

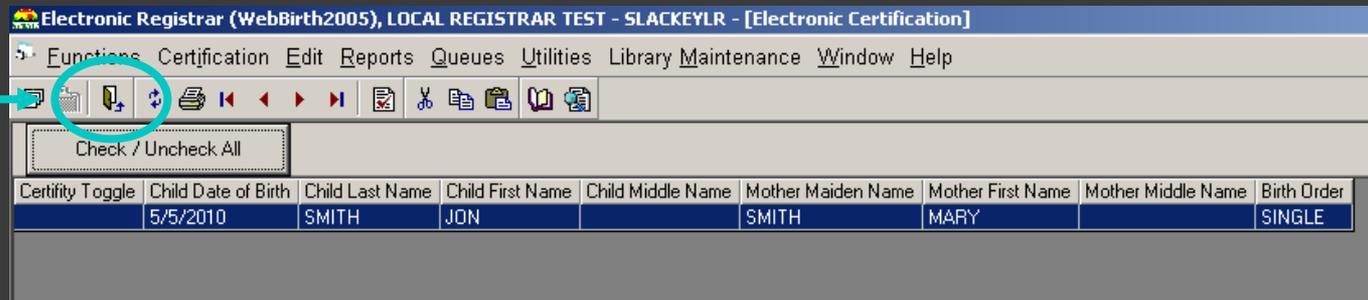
5. Enter your PIN in the Certification Box and click OK. →

Please enter your PIN number...

I certify that the birth represented here did take place at the date and time specified. I affirm that the information entered on the 'ImmTrac Consent' screen of this birth record accurately reflects the parent's choice regarding consent for ImmTrac participation.

PIN:

6. Click the Exit icon. →



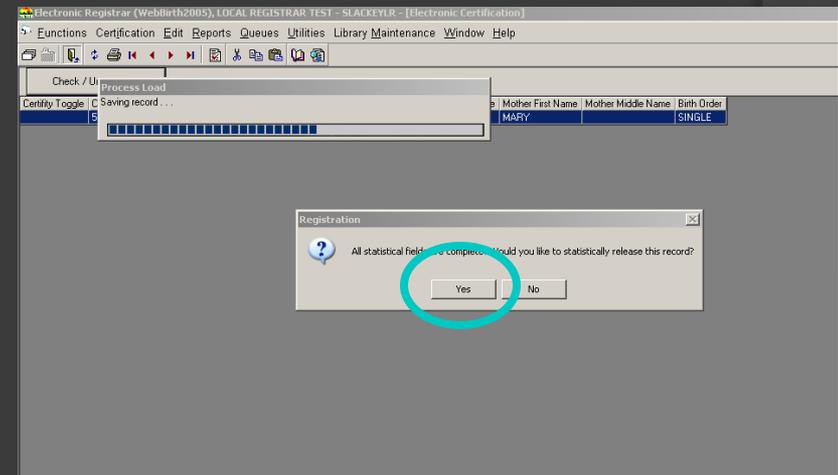
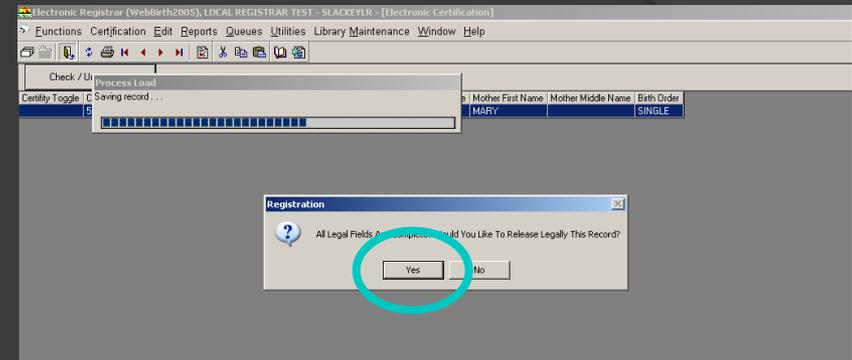
7. Click 'YES' to save the record. →

Registration [X]

Do you want to save your changes?

Certifying the Record

8. Click 'Yes' to release the "legal" portion of the birth record to the State office for processing. The birth record cannot be filed until it has been Legally Released.
9. Click 'Yes' to release the statistical information to the state. Statistical processing and analysis cannot be done until this release point has been completed. This is not an optional step.

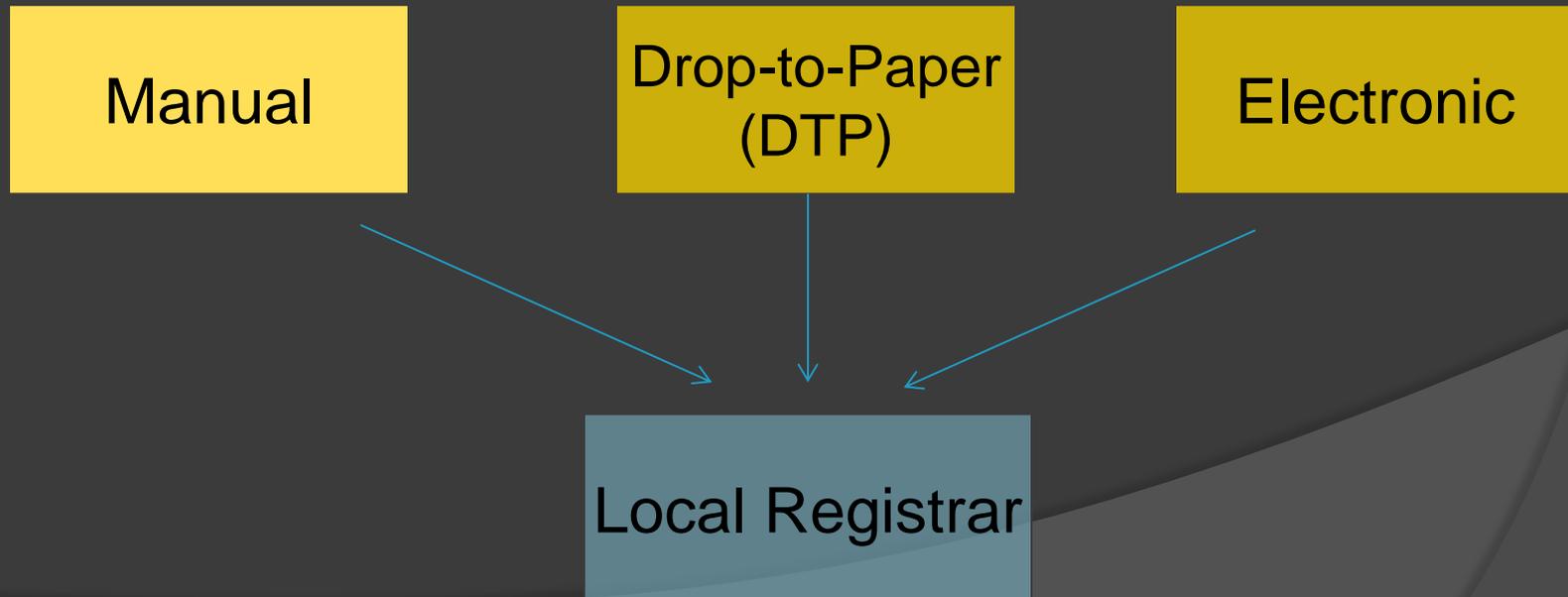


Registering Death Certificates



Record Types

Local Registrars who participate in TER will handle processing up to three types of death certificates.



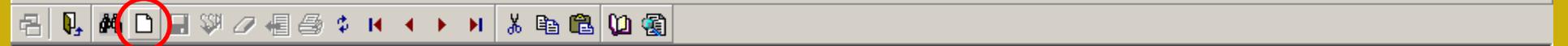
Manual Death Certificates

A *manual* death record is an 8 ½ x 14 inch (legal size) printed certificate of death that:

- includes statistical information (items 43-49)
- includes printed information on the back
- was not completed using TER software
- has not been issued an 'EDR' or 'DTP' number

Manual Death Certificates

- The local registrar must enter the basic information in TER prior to mailing the record to VSU
- Entered in TER under Death>Local Registration
- Was not completed using TER software
- Has not been issued an 'EDR' or 'DTP' number



EDR #: Create a new record

LFN:

DTP:

Work Queue:

Click the 'New Record' icon

This is the Registration Screen

Local File Number:

Local File Date:

Social Security Number

Status:

Decedent's Name

First:

Middle:

Last:

Maiden:

Suffix:

Date of Death:

Sex:

Place of Death

Place Death Occurred:

County / City:

Facility:

Street Address:

Decedent's Date and Place of Birth

Date of Birth:

State/ Foreign Country:

City of Birth:

Father's Name

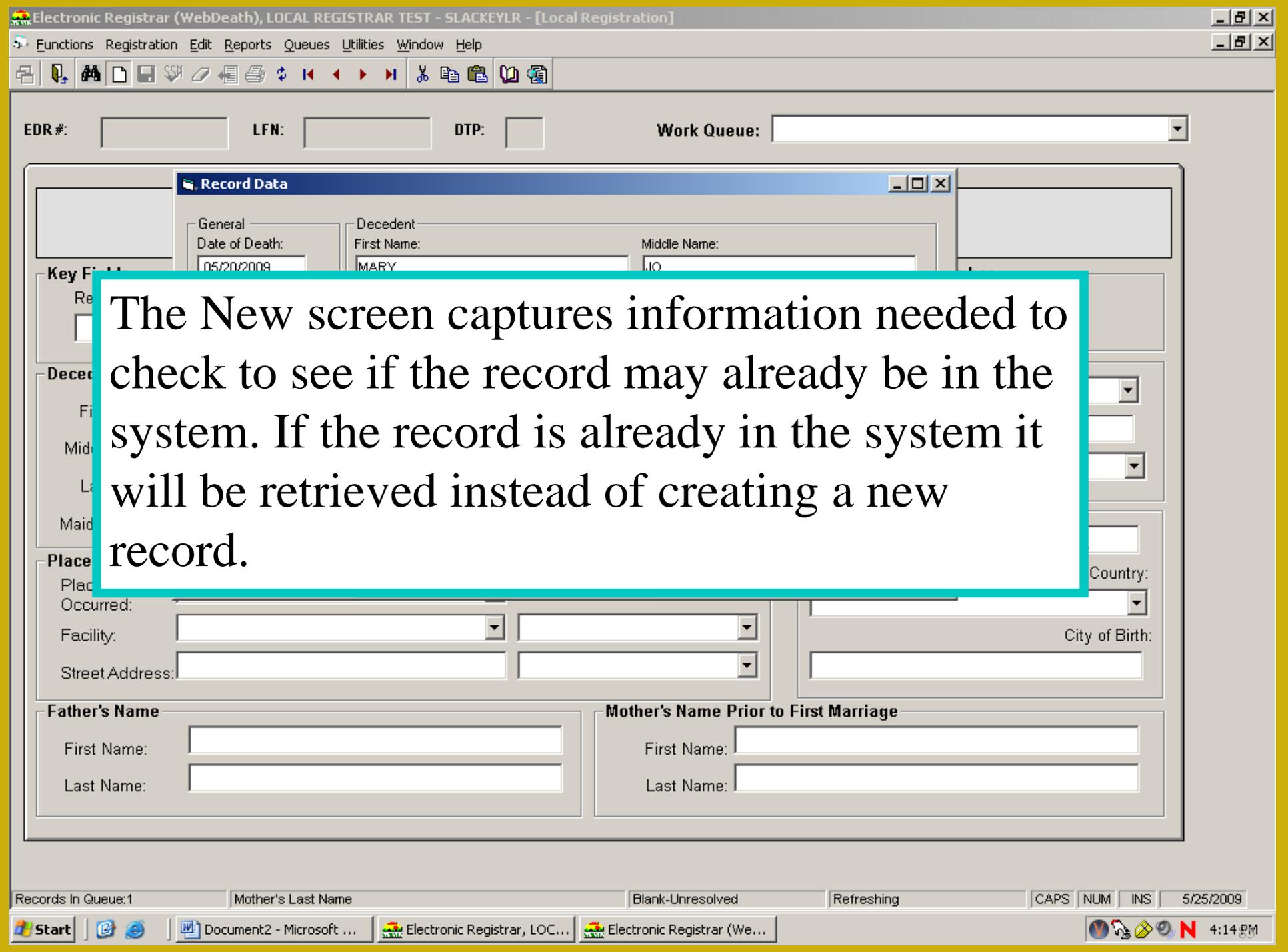
First Name:

Last Name:

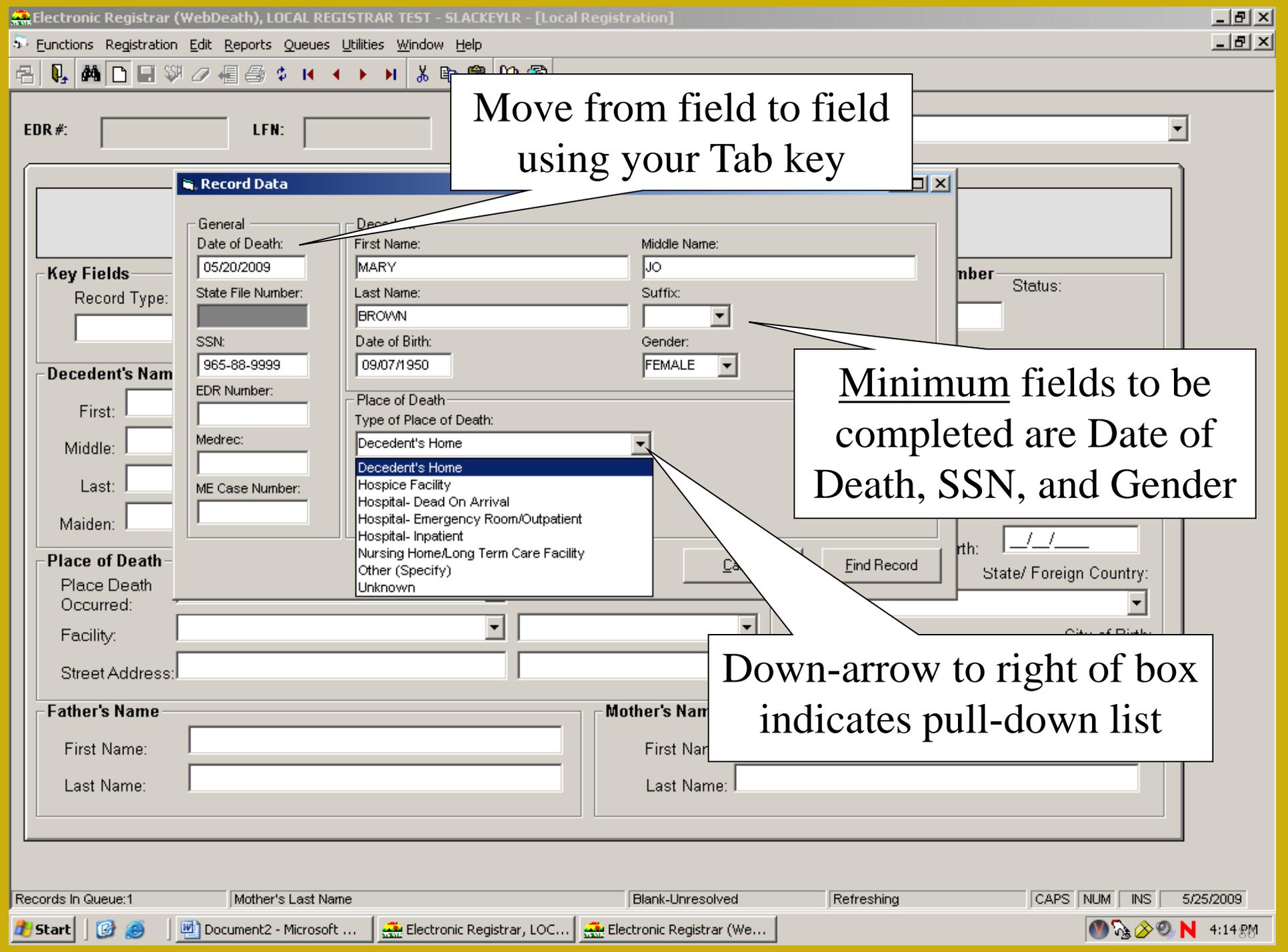
Mother's Name Prior to First Marriage

First Name:

Last Name:



The New screen captures information needed to check to see if the record may already be in the system. If the record is already in the system it will be retrieved instead of creating a new record.



Move from field to field using your Tab key

Minimum fields to be completed are Date of Death, SSN, and Gender

Down-arrow to right of box indicates pull-down list



EDR #: LFN: DTP: Work Queue:

Record Data

General Date of Death: <input type="text" value="05/20/2009"/> State File Number: <input type="text"/> SSN: <input type="text" value="965-88-9999"/> EDR Number: <input type="text"/> Medrec: <input type="text"/> ME Case Number: <input type="text"/>	Decedent First Name: <input type="text" value="MARY"/> Middle Name: <input type="text" value="JO"/> Last Name: <input type="text" value="BROWN"/> Suffix: <input type="text"/> Date of Birth: <input type="text" value="09/07/1950"/> Gender: <input type="text" value="FEMALE"/> Place of Death Type of Place of Death: <input type="text" value="Decedent's Home"/> Place of Death: <input type="text"/>
--	---

New Record

NEW RECORD BEING ADDED.

Click OK

Key Fields

Record Type:

Decedent's Name

First:
Middle:
Last:
Maiden:

Place of Death

Place Death Occurred:
Facility:
Street Address:

Father's Name

First Name:
Last Name:

Number Status:

Decedent's Sex

Place of Birth

Birth:
State/ Foreign Country:
City of Birth:

First Marriage

First Name:
Last Name:



EDR #: LFN: DTP: Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Record Type

Key Fields

Record Type: Local File Number: Local File Date:

IDENTIFIED
UNIDENTIFIED

Select Record Type

Decedent Name:
First: MARY
Middle: JO
Last: BROWN
Maiden:

Social Security Number

Status: NOT INITIATED
965-88-9999

Date of Death and Decedent's Sex

Date of Death Type:
Date of Death: 05/20/2009
Sex: FEMALE

Decedent's Date and Place of Birth

Date of Birth: 09/07/1950
State/ Foreign Country:

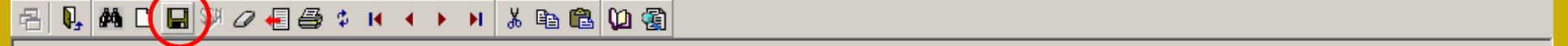
Place of Death

Place Death Occurred: Decedent's Home
Facility:
Street Address:

Father's Name

First Name:
Last Name:

If the deceased is named, select IDENTIFIED. If the certificate is for an unknown person (John Doe, etc.), select UNIDENTIFIED.



EDR #: Save the current record LFR: DTP: Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Record Ty

Save to initiate Social Security Verification process

al File Number: Local File Date:

Social Security Number: Status:

Date of Death and Decedent's Sex
Date of Death Type: Date of Death: Sex:

Middle: Suffix:
Last:
Maiden:

Decedent's Date and Place of Birth
Date of Birth:
State/ Foreign Country:
City of Birth:

Place of Death
Place Death Occurred: County / City:
Facility:
Street Address:

Father's Name
First Name:
Last Name:

Mother's Name Prior to First Marriage
First Name:
Last Name:

Electronic Registrar (WebDeath), LOCAL REGISTRAR TEST - SLACKEYLR - [Local Registration]

Functions Registration Edit Reports Queues Utilities Window Help

EDR #: Save the current record LFN: DTP: Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Record Type

Key Fields

Record Type: Local File Number: Local File Date:

Social Security Number Status: NOT INITIATED

Decedent's Name

Date of Death and Decedent's Sex

Incorrect Social Security Numbers represent a large percentage of the amendments made to death records. The SSN verification that is built into the TER death registration process sends information to the Social Security Administration to verify that the number on the record matches other information about the decedent that is on file with Social Security. A response is sent back when saving for the second time to indicate if the number matches the information on file or if it does not agree with one or more items.



EDR #: 00000001508 LFN: DTP: 0 Work Queue: BRC

Note EDR # Assigned

Note SSN status after save

Key Fields

Record Type: IDENTIFIED Local File Number: Local File Date: / /

Social Security Number

965-88-9999 Status: PENDING

Decedent's Name

First: MARY Middle: JO Last: BROWN Maiden:

Registration Record Saved Successfully! OK

Date of Death and Decedent's Sex

Date of Death Type: Date of Death: 05/20/2009 Sex: FEMALE

Place of Death

Place Death Occurred: Decedent's Home Facility: Street Address:

Click OK

Decedent's Date and Place of Birth

Date of Birth: 09/07/1950 State/ Foreign Country: City of Birth:

Father's Name

First Name: Last Name:

Mother's Name Prior to First Marriage

First Name: Last Name:



EDR #: 000000001508 LFN: [] OTP: 0 Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Key Fields

Record Type: IDENTIFIED Local File Number: [] Local File Date: []

Social Security Number

965-88-9999 Status: PENDING

Decedent's Name

First: MARY Middle: JO Last: BROWN Maiden: []

Decedent's Sex

[] 05/20/2009 FEMALE

Do not file the record before receiving a Social Security response.

Place of Death

Place Death Occurred: Decedent's Home County / City: [] Facility: [] Street Address: []

and Place of Birth

Birth: 09/07/1950 State/ Foreign Country: [] City of Birth: []

Father's Name

First Name: [] Last Name: []

Mother's Name Prior to First Marriage

First Name: [] Last Name: []



EDR #: 000000001508 LFN: DTP: 0 Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Date of Death Type

Key Fields Record Type: IDENTIFIED Local File Number: Local File Date: Social Security Number: PENDING Status:

Decedent's Name First: MARY Middle: JO Last: BROWN Maiden: BROWN

Complete all other unresolved items shaded yellow while awaiting a Social Security Verification response.

Birth and Decedent's Sex Actual

Place of Death Place Death Occurred: Decedent's Home County / City: Facility: Street Address:

Date and Place of Birth Date of Birth: 09/07/1950 State/ Foreign Country: City of Birth:

Father's Name First Name: Last Name:

Mother's Name Prior to First Marriage First Name: Last Name:

EDR #: 000000001508 LFN: DTP: 0

Mother's Last Name

Tab past Suffix and any other fields that need to be left blank – do not leave them bright yellow

Key Fields

Record Type: IDENTIFIED Local File Number: Local File: / /

Decedent's Name

First: MARY Middle: JO Last: BROWN Maiden: BROWN Suffix:

965-88-9999 PENDING

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL Date of Death: 05/20/2009 Sex: FEMALE

Decedent's Date and Place of Birth

Date of Birth: 09/07/1950 State/ Foreign Country: TX (TEXAS) City of Birth: AUSTIN

Place of Death

Place Death Occurred: Decedent's Home Facility: Street Address: 1234 MAIN STREET

Father's Name

First Name: PATRICK Last Name: BROWN

If last name is same as maiden name, enter same name in each field.

Clear ALL of the bright yellow fields!

- **If Social Security Number is blank or “Unknown” on the death certificate**
 - Enter one question mark - ?
- **If the city of birth is blank**
 - Enter “UNKNOWN”
- **If one (or both) of the parents’ names are unknown**
 - Tab past the first name field to clear the yellow
 - Enter “UNKNOWN” in the last name field



EDR #: 100001508 LFN: DTP: 0 Work Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Click the Save icon

Key Fields
Record Type: IDENTIFIED Local File Number: Local File Date: Social Security Number: 965-88-9999 Status: PASSED

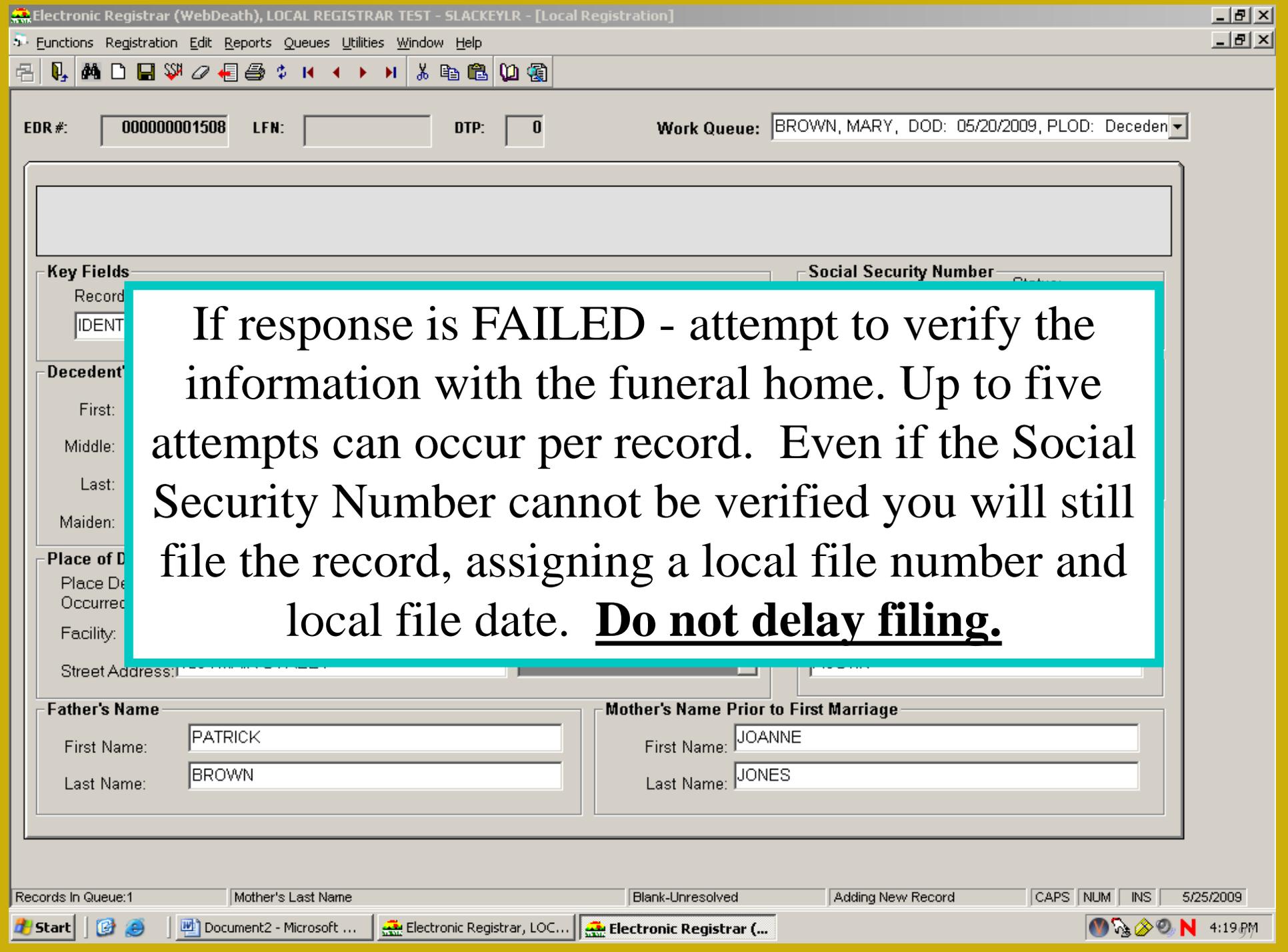
Decedent's Name
First: MARY Middle: JO Last: BROWN Maiden: BROWN

Place of Death
Place Death Occurred: Decedent's H Facility: Street Address: 1234 MAIN STREET City of Birth: AUSTIN

Father's Name
First Name: PATRICK Last Name: BROWN

Mother's Name Prior to First Marriage
First Name: JOANNE Last Name: JONES

For a record that passes social security verification, the status 'PASSED' will be displayed under Social Security Number.



If response is FAILED - attempt to verify the information with the funeral home. Up to five attempts can occur per record. Even if the Social Security Number cannot be verified you will still file the record, assigning a local file number and local file date. **Do not delay filing.**



EDR #: **Process Load** Mark Queue: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Legal first name of the decedent if the decedent has 4 or more names add them using the ADD button below

Key Fields

Record Type: IDENTIFIED Local File Number: 1235 Local File Date: 05/25/2009

Social Security Number

965-88-9999 Status: PASSED

Decedent's Name

First: MARY Middle: JO Last: BROWN Maiden: BROWN

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL 05/20/2009 FEMALE

Enter the Local File Date and Click the 'SAVE' icon

Place of Death

Place Death Occurred: Decedent's Home County / City: Facility: Street Address: 1234 MAIN STREET

and Place of Birth

Date of Birth: 09/07/1950 State/ Foreign Country: TEXAS City of Birth: AUSTIN

Father's Name

First Name: PATRICK Last Name: BROWN

Mother's Name Prior to First Marriage

First Name: JOANNE Last Name: JONES



EDR #: **Process Load** Attempting to Save Record... PLOD: Deceden

All items are now complete, the record is ready to be released to the state.

Legal first name of the decedent in the decedent's name

Key Fields
Record Type: IDENTIFIED Local File Number: 02-1235 Local File Date: 05/25/2009 Status: 965-88-9999 PASSED

Decedent's Name
First: MARY Middle: JO Last: BROWN Maiden: BROWN
Date of Death and Decedent's Sex
Date of Death Type: ACTUAL 05/20/2009 FEMALE

Local Record Release
This record is ready to be released to the State. This will lock the record from further Local edits and remove it from your Work Queue. Do you want to Release this record?
Yes No

Place of Death
Place Death Occurred: Decedent's Home County / State: TEXAS
Facility: []
Street Address: 1234 MAIN STREET
Date and Place of Birth
Date of Birth: 09/07/1950 State/ Foreign Country: TEXAS City of Birth: JUSTIN

Click Yes to release record.

Father's Name
First Name: PATRICK Last Name: BROWN
Marriage
Last Name: JONES

EDR #: 00000001508

LFN: 02-1235

DTP: 0

Search Results: BROWN, MARY, DOD: 05/20/2009, PLOD: Deceden

Key Fields

Record Type:

IDENTIFIED

Local File Number:

02-1235

Local File Date:

05/25/2009

Social Security Number

965-88-9999

Status:

PASSED

Decedent's Name

First: MARY

Middle: JO

Last: BROWN

Maiden: BROWN

Place of Death

Place Death Occurred: Decen

Facility:

Street Address: 1234

Father's Name

First Name: PATRICK

Last Name: BROWN

Mother's Name Prior to First Marriage

First Name: JOANNE

Last Name: JONES

Complete the registration process by filing the *manual* paper death record. Record your local file number and file date on the record, along with your local registrar's signature. Make your file copy and mail the original to the state office.

Date of Death and Decedent's Sex

Date of Birth

09/07/1950

State/ Foreign Country:

City of Birth:

Be Sure to Keep Your Queue Clear!





EDR #: LFN: DTP:

Work Queue:
 BILLINGS, AUSTIN, DOD: 02/10/2009, PLOD: Hospital-PLAIN, PERCY, DOD: 03/15/2009, PLOD: Nursing Home

Key Fields

Record Type: Local File Number: Local File Date:

Social Security Number

Status:

Decedent's Name

First:
Middle: Suffix:
Last:
Maiden:

Date of Death and Decedent's Sex

Date of Death:
Type:
Date of Death:
Sex:

Check for Records in Queue at a glance!

Place of Death

Place Death Occurred:
Facility:
Street Address:

Decedent's Date and Place of Birth

Date of Birth:
State/ Foreign Country:
City of Birth:

Father's Name

First Name:
Last Name:

Mother's Name Prior to First Marriage

First Name:
Last Name:

Records In Queue: 2

Mother's Last Name

Blank-Unresolved

Refreshing

CAPS NUM INS

5/29/2009



EDR#: 000000001510 LFN: 02-0501 DTP: 0 Work Queue: BILLINGS, AUSTIN, DOD: 02/10/2009, PLOD: Hospit

Record Type

Key Fields

Record Type: IDENTIFIED Local File Number: 02-0501 Local File Date: 02/15/2009

Social Security Number

789-98-7878 Status: FAILSSN

Decedent's Name

First: AUS Middle: MAR Last: BILL Suffix: Maiden: MASON

Click into the bright yellow field and Tab out to clear

Date of Death and Decedent's Sex

Date of Death: ACTUAL Type: Date of Death: 02/10/2009 Sex: FEMALE

Place of Death

Place Death Occurred: Hospital- Inpatient Facility: ST DAVID'S HOSPITAL (AUSTIN) Street Address: 919 E 32ND PO BOX 4039

State Release won't be offered until all bright yellow fields are resolved.

Decedent's Date and Place of Birth

Date of Birth: 04/04/1952

Father's Name

First Name: JACK Last Name: MASON

Mother's Name Prior to First Marriage

First Name: BETTIE Last Name: MONTGOMERY



EDR #: 00001511 LFN: 02-711 DTP: 0 Work Queue: PLAIN, PERCY, DOD: 03/15/2009, PLOD: Nursing H

Click the Save icon

Key Fields

Record Type: IDENTIFIED Local File Number: 02-711 Local File Date: 03/25/2009

Social Security Number

458-22-1111 Status: PASSED

Decedent's Name

First: PERCY Middle: Last: PLAIN Maiden:

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL Date of Death: 03/15/2009 Sex: MALE

If a record is complete, click Save to get the State Release prompt.

Place of Death

Place Death Occurred: Nursing Home/Long Term Care Facility Facility: ARDEN COURTS OF AUSTIN (AUSTIN) TRAVIS Street Address: 11630 FOUR IRON DR AUSTIN TEXAS City of Birth: AUSTIN

Father's Name

First Name: PERCIVAL Last Name: PLAIN

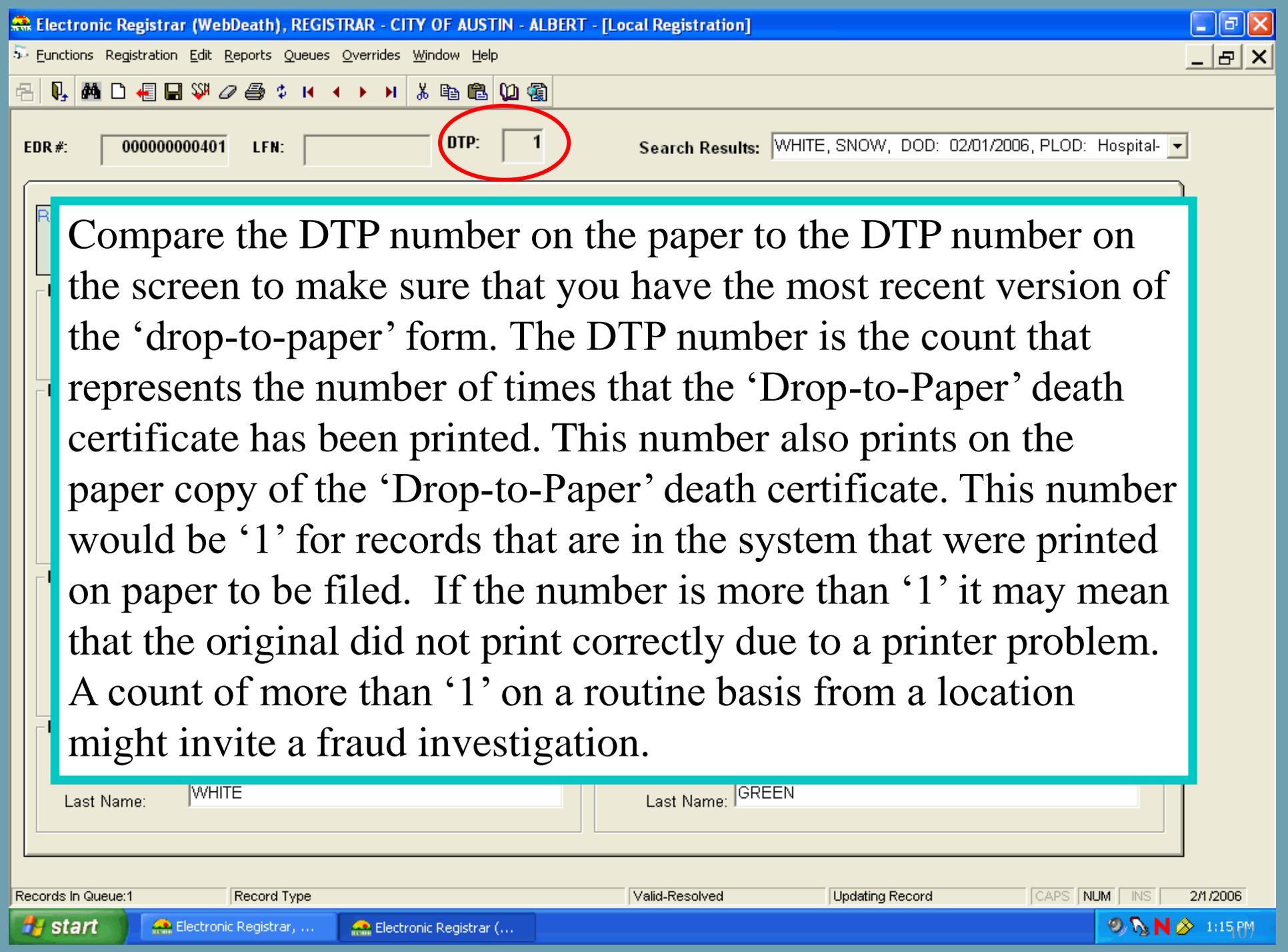
Mother's Name Prior to First Marriage

First Name: MELISSA Last Name: YOUNG

Drop-to-Paper Death Certificate

A *drop-to-paper* (DTP) death certificate is an 8 ½ x 11 inch (standard size) printed certificate of death that:

- ⦿ Has been completed using TER software
- ⦿ Is not ‘fully electronic’ because the medical certifier or funeral home is not using TER
- ⦿ Does not contain printed information on the back
- ⦿ Includes an ‘EDR’ and ‘DTP’ number
- ⦿ Excludes printed statistical information (items 43-49)



EDR #: 000000000401 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Compare the DTP number on the paper to the DTP number on the screen to make sure that you have the most recent version of the ‘drop-to-paper’ form. The DTP number is the count that represents the number of times that the ‘Drop-to-Paper’ death certificate has been printed. This number also prints on the paper copy of the ‘Drop-to-Paper’ death certificate. This number would be ‘1’ for records that are in the system that were printed on paper to be filed. If the number is more than ‘1’ it may mean that the original did not print correctly due to a printer problem. A count of more than ‘1’ on a routine basis from a location might invite a fraud investigation.

Last Name: WHITE

Last Name: GREEN

EDR #: 00000000401 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Record Type

Key Fields

Record Type: IDENTIFIED Local File Number: Local File Date: / /

Social Security Number

323-23-2323 Status: FAILDOB GENDER

Decedent's Name

First: SNOW Middle: Last: WHITE Maiden: GREEN

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL 02/01/2006 FEMALE

Enter Local File Number

Enter Local File Date

Place of Death

Place Death Occurred: Hospital- Inpatient County / City: TRAVIS AUSTIN Facility: DGHTRS OF CHTY HTH SVCS OF AUSTI Street Address: 501 E. 15TH

Date and Place of Birth

Date of Birth: 09/09/1999 State/ Foreign Country: TEXAS City of Birth: AUSTIN - (TRAVIS)

Father's Name

First Name: DAD Last Name: WHITE

Mother's Name Prior to First Marriage

First Name: MOM Last Name: GREEN



EDR #: 000000 LFN: DTP: 1 Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Local File
Key Field
Record
IDEN

Click the Save icon to release record

All items are now complete, the record is ready to be released to the state.

Number: Local File Date: 02/01/2006 Social Security Number: 323-23-2323 Status: FAILDOB GENDER

Decedent's Name
First: SNOW
Middle:
Last: WHITE
Maiden: GREEN

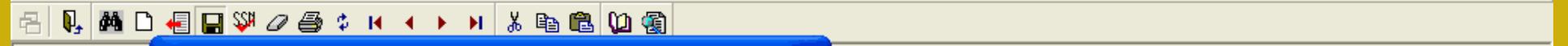
Date of Death and Decedent's Sex
Date of Death: 02/01/2006
Sex: FEMALE

Place of Death
Place Death Occurred: Hospital- Inpatient
Facility: DGHTRS OF CHTY HTH SVCS OF AUSTI
Street Address: 501 E 15TH
County / City: TRAVIS AUSTIN

Date of Birth: 09/09/1999
State/ Foreign Country: TEXAS
City of Birth: AUSTIN - (TRAVIS)

Father's Name
First Name: DAD
Last Name: WHITE

Mother's Name Prior to First Marriage
First Name: MOM
Last Name: GREEN



Process Load

Attempting to Save Record...

Progress bar: [████████████████████]

EDR #: [] Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Record Type

Key Fields

Record Type: IDENTIFIED Local File Number: 01-454 Local File Date: 02/01/2006

Social Security Number Status: FAILDOBGENDER

323-23-2323

Decedent's Name

First: SNOW Middle: Last: WHITE Maiden: GREEN

Date of Death and Decedent's Sex

Date of Death: ACTUAL 02/01/2006 FEMALE

Local Record Release

This record is ready to be released to the State.
This will lock the record from further Local edits and remove it from your Work Queue.
Do you want to Release this record?

Yes No

Place of Death

Place Death Occurred: Hospital- Inpatient County / City: TEXAS

Facility: DGHTRS OF CHTY HTH SVCS OF AUSTI TRAVIS

Street Address: 501 E. 15TH AUSTIN (TRAVIS)

Date and Place of Birth

Date of Birth: 09/09/1999 State/ Foreign Country: TEXAS City of Birth: (TRAVIS)

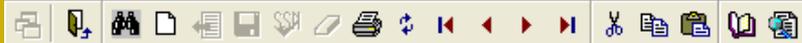
Select Yes

Father's Name

First Name: DAD Last Name: WHITE

Mother's Name Prior to First Marriage

First Name: MOM Last Name: GREEN



EDR #: 000000000401 LFN: 01-454 DTP: 1

Search Results: WHITE, SNOW, DOD: 02/01/2006, PLOD: Hospital-

Key Fields

Record Type: IDENTIFIED Local File Number: 01-454 Local File Date: 02/01/2006

Social Security Number: 323-23-2323 Status: FAILDOB GENDER

Decedent's Name

First: SNOW Middle: Last: WHITE Maiden: GREEN

Date of Death and Decedent's Sex Date of Death: ACTUAL

Place of Death

Place Death Occurred: Hospital- Inpatient Facility: DGHTRS OF CHT Street Address: 801 E. 15TH

Birth: /1999 Foreign Country: City of Birth:

Complete the registration process by filing the DTP death record and assigning the same file number and date, a local registrar's signature and issuing certified copies.

Father's Name

First Name: DAD Last Name: WHITE

Mother's Name Prior to First Marriage

First Name: MOM Last Name: GREEN

Your Assignment

- ◎ Insure that your office's Local Registration Queue is clear
 - Upon returning to your office, open your Local Registration Queue
 - Complete and clear out any records present

What about.....



...when
something a little
“different”
happens?

Records Dropped to Paper by Medical Certifiers

- ⦿ HB 1739
 - Justices of the Peace
 - Medical Examiners
- ⦿ Most Medical Examiner offices initiate their own death certificates and do not pick up records initiated by funeral homes
- ⦿ Medical certifiers do not designate a local registrar

Records Dropped to Paper by Medical Certifiers

- Determining if certificate was dropped to paper by the medical certifier:
 - EDR and DTP numbers at bottom
 - Manually signed by funeral director in item 20
 - Item 27, Signature of Certifier, contains a printed name and the words “BY ELECTRONIC SIGNATURE”

Records Dropped to Paper by Medical Certifiers

- ⦿ These records cannot be accessed through the SEARCH function (binoculars)
- ⦿ You must access them through the NEW screen
 - From 'Local Registration'
 - Select the New icon, or
 - Click on Registration from the toolbar, and select NEW from the pull-down menu



EDR #: LFN: DTP: Work Queue:

Click the New icon

Key

Local File Number: Local File Date:

Social Security Number Status:

Decedent's Name

First: Middle: Last: Maiden: Suffix:

Date of Death and Decedent's Sex

Date of Death Type: Date of Death: Sex:

Place of Death

Place Death Occurred: County / City: Facility: Street Address:

Decedent's Date and Place of Birth

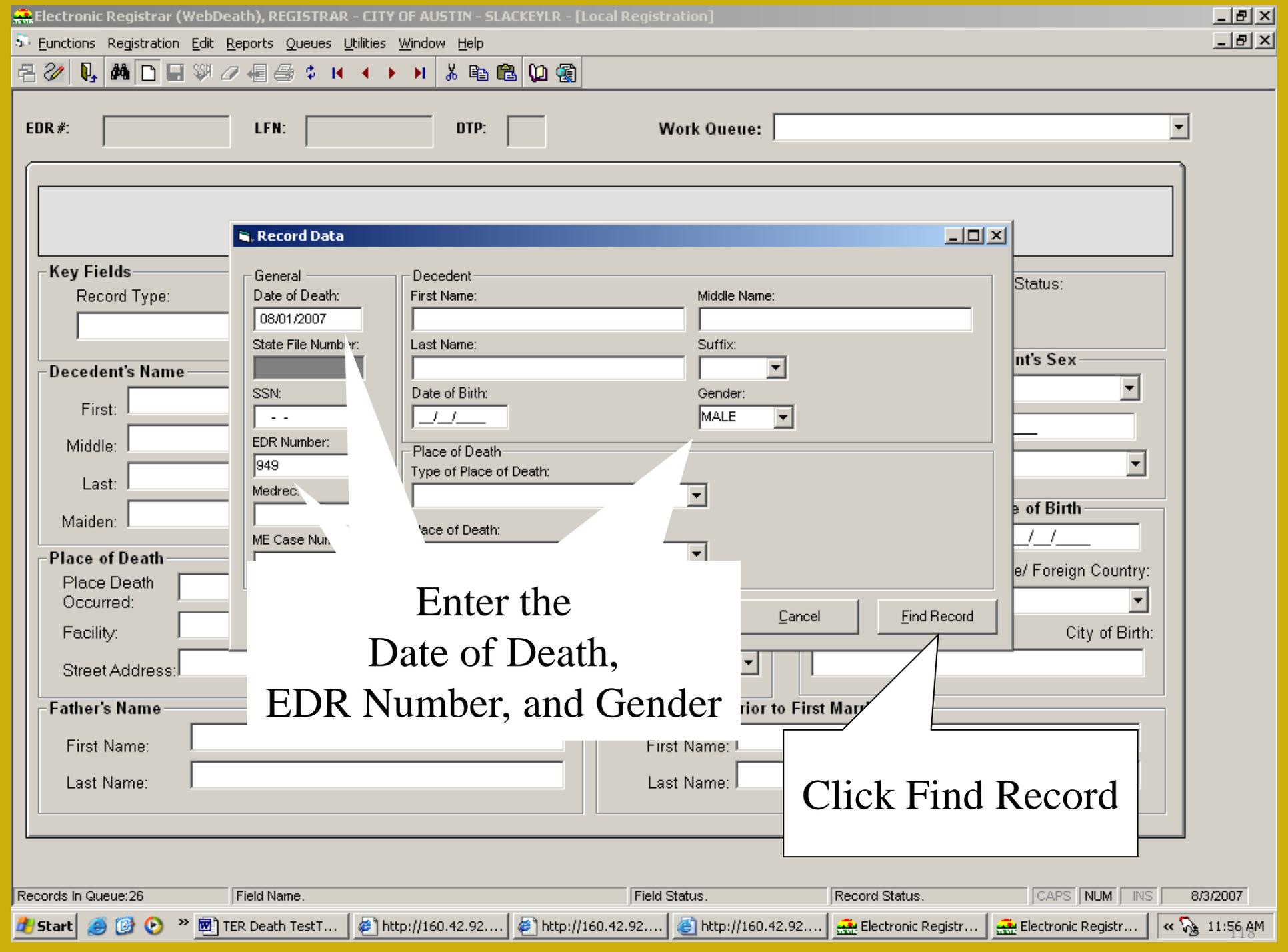
Date of Birth: State/ Foreign Country: City of Birth:

Father's Name

First Name: Last Name:

Mother's Name Prior to First Marriage

First Name: Last Name:



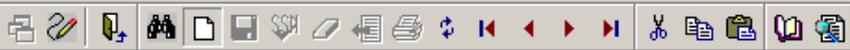
EDR #: LFN: DTP: Work Queue:

Record Data

General		Decedent	
Date of Death:	<input type="text" value="08/01/2007"/>	First Name:	<input type="text"/>
State File Number:	<input type="text"/>	Middle Name:	<input type="text"/>
SSN:	<input type="text" value="--"/>	Last Name:	<input type="text"/>
EDR Number:	<input type="text" value="949"/>	Suffix:	<input type="text"/>
Medrec.:	<input type="text"/>	Gender:	<input type="text" value="MALE"/>
ME Case Num.:	<input type="text"/>	Date of Birth:	<input type="text" value="__/__/__"/>
		Place of Death:	<input type="text"/>
		Type of Place of Death:	<input type="text"/>
		Place of Death:	<input type="text"/>

Enter the Date of Death, EDR Number, and Gender

Click Find Record



EDR #: LFN: DTP: Work Queue:

Key Fields

Record Type:

Decedent's Name

First:

Middle:

Last:

Maiden:

Place of Death

Place Death Occurred:

Facility:

Street Address:

Father's Name

First Name:

Last Name:

Record Data

General Date of Death: 08/01/2007 State File Number: <input type="text"/> SSN: -- EDR Number: 949 Medrec: <input type="text"/> ME Case Number: <input type="text"/>	Decedent First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> Suffix: <input type="text"/> Date of Birth: <input type="text"/> Gender: <input type="text"/> Place Type: <input type="text"/> Place: <input type="text"/>
--	--

Record Found

EXISTING RECORD FOUND AND WILL BE RETRIEVED.

OK Cancel

Click 'OK'



EDR #: 00000000949

LFN: []

DTP: 1

Search Results: GRAY, GREGG, DOD: 08/01/2007, PLOD: []

Record Type

Key Fields

Record Type:

IDENTIFIED

Decedent's Name

First: []

Middle: []

Last: []

Maiden: []

Suffix: []

Place of Death

Place Death Occurred: []

County / City: []

Facility: []

Street Address: []

Social Security Number

Status: []

Date of Death and Decedent's Sex

Date of Death Type: []

ACTUAL

Date of Death: []

08/01/2007

Sex: []

Decedent's Date and Place of Birth

Date of Birth: []

State/ Foreign Country: []

City of Birth: []

Father's Name

First Name: []

Last Name: []

Mother's Name Prior to First Marriage

First Name: []

Last Name: []

Compare DTP Number on paper record to your screen; they must match

What if the drop-to-paper counter doesn't match?

- ⦿ Contact the funeral home/medical certifier (whichever entity dropped to paper)
 - Request that they provide to you the record matching the DTP counter
- ⦿ Decision point
 - Why do the DTP counters not match?
 - Require replacement record
 - Contact Help-TER for reset



EDR #: 000000000949 LFN: DTP: 1 Search Results: GRAY, GREGG, DOD: 08/01/2007, PLOD:

Record Type

Key Fields

Record Type: IDENTIFIED Local File Number: Local File Date: / /

Social Security Number

Status: - -

Decedent's Name

First: Middle: Last: Maiden: Suffix:

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL Date of Death: 08/01/2007 Sex:

Place of Death

Place Death Occurred: County / City: Facility: Street Address:

Decedent's Date and Place of Birth

Date of Birth: State / Foreign Country: City of Birth:

Father's Name

First Name: Last Name:

Complete all of the yellow fields



EDR #: 00000000949 LFN: 02-58250 DTP: 1 Search Results: GRAY, GREGG, DOD: 08/01/2007, PLOD: Nursing H

Key Fields

Record Type: IDENTIFIED Local File Number: 02-58250 Local File Date: 08/03/2007

Social Security Number

685-55-5544 Status: PASSED

Decedent's Name

First: GREGG Middle: Last: GRAY Maiden:

Date of Death and Decedent's Sex

Date of Death: ACTUAL Type: Date: 08/01/2007 Sex: MALE

Save and get SSN validation response

Place of Death

Place Death Occurred: Nursing Home/Long Term Care Facility County / City: TRAVIS Facility: VISTA VIEW NURSING HOME (AUSTIN) Street Address: 1234 W MAIN STREET AUSTIN

Place of Birth

Date of Birth: 09/07/1962 State/ Foreign Country: City of Birth:

Father's Name

First Name: JACK Last Name: GRAY

Mother's Name Prior to First Marriage

First Name: MARY Last Name: SMITH



EDR #:

Attempting to Save Record...

Progress bar with 4 blue segments.

Search Results: GRAY, GREGG, DOD: 08/01/2007, PLOD: Nursing H...

Key Fields

Record Type: IDENTIFIED

Local File Number: 02-58250

Local File Date: 08/03/2007

Social Security Number

685-55-5544

Status: PASSED

Decedent's Name

First: GREGG

Middle:

Last: GRAY

Maiden:

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL

08/01/2007

MALE

Local Record Release

This record is ready to be released to the State.
This will lock the record from further Local edits and remove it from your Work Queue.
Do you want to Release this record?

Yes No

Date and Place of Birth

Date of Birth: 09/07/1962

State/ Foreign Country: TEXAS

City of Birth: AUSTIN

Place of Death

Place Death Occurred: Nursing Home/Long Term Care Facility

Facility: VISTA VIEW NURSING HOME (AUSTIN)

Street Address: 1234 W MAIN

Father's Name

First Name: JACK

Last Name: GRAY

Mother's Name Prior to First Marriage

First Name: MARY

Last Name: SMITH

**Save again and
get Release
prompt**



EDR #: 000000000949 LFN: 02-58250 DTP: 1 Search Results: GRAY, GREGG, DOD: 08/01/2007, PLOD: Nursing Home

Key Fields

Record Type: IDENTIFIED Local File Number: 02-58250 Local File Date: 08/03/2007

Social Security Number

685-55-5544 Status: PASSED

Decedent's Name

First: GREGG Middle: Last: GRAY Maiden:

Registration Record Saved Successfully! OK

Date of Death and Decedent's Sex

Date of Death Type: ACTUAL Date of Death: 08/01/2007 Sex: MALE

Place of Death

Place Death Occurred: Nursing Home/Long Term Care Facility County / City: TRAVIS Facility: VISTA VIEW NURSING HOME (AUSTIN) Street Address: 1234 W MAIN STREET AUSTIN

Decedent's Date and Place of Birth

Date of Birth: 09/07/1962 State/ Foreign Country: TEXAS City of Birth: AUSTIN

Father's Name

First Name: JACK Last Name: GRAY

Mother's Name Prior to First Marriage

First Name: MARY Last Name: SMITH

Knowledge Check

- ⦿ EDR numbers start over every year, so more than one record can have the same number.
 - True
 - False
- ⦿ You can tell if a death certificate was dropped to paper by a medical certifier because:
 - It has a DTP number in the lower right corner
 - The funeral director manually signed the record
 - Item 27 contains the printed words “By Electronic Signature”

Rejections & Errors



“Ownership” of TER Records

- Once the Local Registrar has accessed a record in TER and clicked SAVE, the funeral home and/or medical certifier can no longer access that record

“Ownership” of TER Records

- Even if you do not enter any information, clicking **SAVE** takes possession of the record and locks the record to all other TER users
- If you are viewing a record, but it is not ready to be processed by your office – **DO NOT SAVE**

“Ownership” of TER Records

- If the Local Registrar has taken possession of a record, but the funeral home needs to DTP again:
 - Contact Help-TER@dshs.state.tx.us to request that the record be unlocked
 - The local registrar will access the record from the Search function after the new record is presented for registration

Returning Records

- ⦿ Provided you did not SAVE the record in TER, the funeral home can then:
 - Access the TER record through the Search function
 - De-verify the record
 - Verify the record again, which will generate a new DTP form and increase the DTP counter
 - Have the certifier complete the record
 - Return to your office for filing

Local Registrar Print Queue



Local Registrar Print Queue

- Locals using TER now receive birth, death, and medical amendments, and new records based on adoption and paternity, via TER
- Amendments are available to you immediately upon filing with VSU
- Effective for amendments filed as of June 13, 2007

Local Registrar Print Queue

- Before accessing the Local Registrar Print Queue for the first time, you **must** first set your printers for all of the forms you will be able to print from the Local Registrar Print Queue. The forms you will need to set up are:
 - Amendment to Certificate of Birth-VS171;
 - Birth Certificate-VS161;
 - Local Print Queue Listing;
 - Amendment to Certificate of Death-VS173; and
 - Amendment to Medical Certification-VS174.1.

- Field Help Utility 2005
- Printer Setup**
- Change Password
- User Parameters

From the Utilities
Menu - Select
Printer Setup'

Birth Printer Tray Setup

Available Reports:

- Birth Reports
- Amendment to Certificate of Birth-VS171
- Birth Certificate-Local Version
- Birth Certificate-VS 161
- Certified By Certifier
- Immunization Reg Consent
- Local Print Queue Listing
- Newborn Admissions List
- Operator Productivity Report
- Paternity Affidavit
- SS Receipt
- Uncertified Records By Certifier
- Unresolved Birth Records List
- Verification of Birth Facts-VS H4
- Death Reports
- Amendment to Certificate of Death-VS173
- Amendment to Medical Certification-VS 174.1
- Burial Transit Permit-VS 116
- Certificate of Death-VS 112
- Disinterment Permit-VS 2219
- Held Records Listing
- Report Of Death-VS 115
- UnResolved Or Abandoned Records

Current Printer:

- Xerox WorkCentre 5638
- Test_5638_PCL6
- STATS Hp Laserjet 5
- Microsoft XPS Document Writer
- Microsoft Office Document Image Writer
- HP LaserJet P3005 PCL 6
- Not assigned

Current Tray:

- Automatically Select
- Tray 1
- Tray 2
- Bypass
- Not assigned

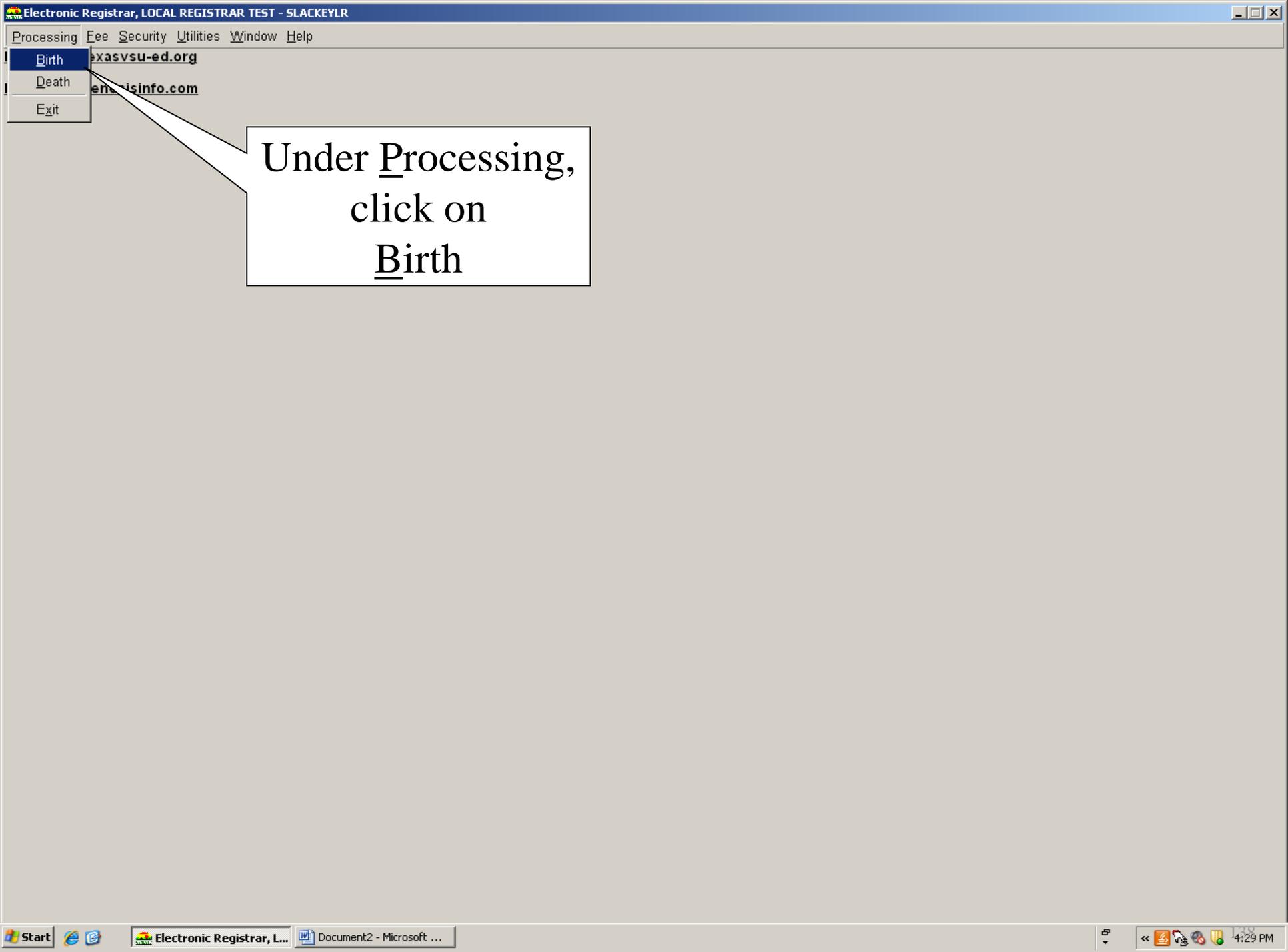
Set the printer for each report indicated

Save Report Configuration

Exit

Local Registrar Print Queue

- ⦿ Now you are ready to access the queue.
- ⦿ NOTE: You will do this from the Birth screen, even to retrieve death amendments.

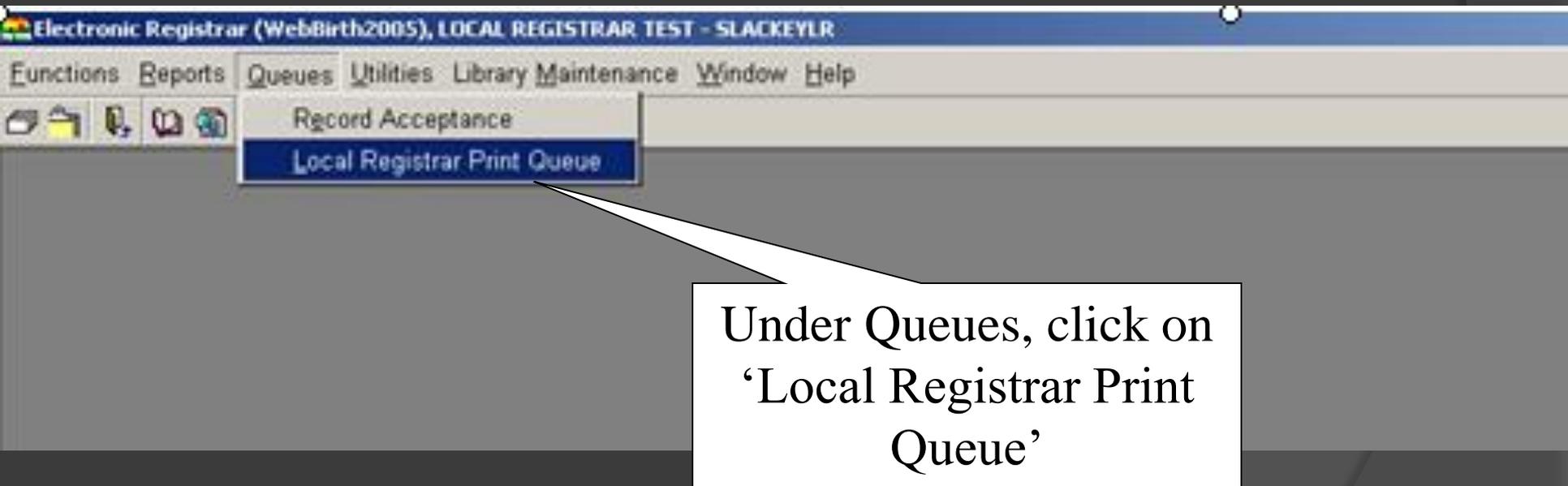


- Birth
- Death
- Exit

Under Processing,
click on
Birth

Local Registrar Print Queue

- The 'Local Registrar Print Queue' is under Queues on your toolbar



Local Registrar Print Queue

- You will first print out a list of the records in the Local Registrar Print Queue by clicking on '*Listing.*' This provides you with information on all of the records currently in the queue.

NOTE: You will need to print the listing prior to printing any records from the queue. The listing may be your only method to determine which record is associated with each amendment or replacement record you will be printing.***

Document Filter: ALL DOCUMENTS

Print

Listing

Refresh

Exit

In Queue: 9

Document Information

Document Type:

Event Date: ___/___/___

Local File Number:

Local File Date: ___/___/___

Correction Nbr:

AmendmentDate: ___/___/___

Registrant Name:

Previous Name:

Click Listing to generate a list of the documents to be printed



Print...



90 %



1/1



Back



Forward

Batch Printed Documents for TRAVIS County

Document Type	Current Name	Previous Name
Replacement Record	CHANDLER, JAMES	GARY DON CHANDLER

Local Registrar Print Queue

- ① You will be receiving the following records in your queue:
 - Birth amendments
 - Replacement records
 - New records based on adoption
 - New records based on parentage
 - Death demographic amendments
 - Amendments to Medical Certification of Certificate of Death

Local Registrar Print Queue

- Next, in the Document Filter drop-down field, select from the following: *All Documents, Birth Amendments, Replacement Records, Death Demo Amendments, and Death Med Amendments.*

Document Filter: ALL DOCUMENTS

- ALL DOCUMENTS
- BIRTH AMENDMENTS
- REPLACEMENT RECORDS
- DEATH DEMO AMENDMENTS
- DEATH MED AMENDMENTS
- DISINTERMENT PERMITS

Print Listing Refresh Exit

In Queue: 9

Document Information

Document Type: [dropdown]

Local File Number: [text box]

Correction Nbr: [text box]

AmendmentDate: [text box]

Registrant Name: [text box]

Previous Name: [text box]

Click the down arrow to view the filter list

Local Registrar Print Queue

- You will NOT be receiving valid Disinterment Permits at this time
- If you receive a Disinterment Permit in your queue, print it and destroy it
- File copies of Disinterment Permits are still being mailed to local registrars

Local Registrar Print Queue

- In the '*In Queue*' drop down field, select the record you want to print and click '*Print*'.

Local Registrar Print Queue

Document Filter: ALL DOCUMENTS

Print Listing Refresh Exit

In Queue: 55

- 02-55555, DMA, 2007/06/18, BUD WISER
- 01-2255-2007, DMA, 2007/05/03, JOHN KULTO
- 02-001444, DP, 2007/04/02, JOE JACKSON
- 02-1291, DP, 2007/05/16, MIKE P VARGAS
- 01-112, DP, 2007/06/06, JOHN DOE
- 02-0001, DP, 2007/01/11, EDDIE MARIE BRYANT
- , RR, 04-APR-07, MARIE MARY MARIA
- , RR, 12-MAR-07, ALBERT F MAN
- , RR, 10-SEP-07, SUSIE JANE FACILITY**
- , RR, 01-MAR-07, JAMES/DONALD TESTFORM

Document Information

Document Type:
Local File Number:
Correction Nbr:
Registrant Name:
Previous Name:

[Redacted fields for Document Information]

Click the down arrow to view the records in queue.

Click on the desired record to bring to screen.

Local Registrar Print Queue

Document Filter: ALL DOCUMENTS

In Queue: 55 , RR, 10-SEP-07, SUSIE JANE FACILITY

Document Information

Document Type:	REPLACEMENT RECORDS	Event Date:	09/10/2007
Local File Number:		Local File Date:	__/__/__
Correction Nbr:	0	AmendmentDate:	09/12/2007
Registrant Name:	SUSIE JANE FACILITY		
Previous Name:	SUSIE JANE MAN		

Print

Listing

Refresh

Exit

Click Print to print the document.

Local Registrar Print Queue

- Repeat until all records have been printed for each type of document.

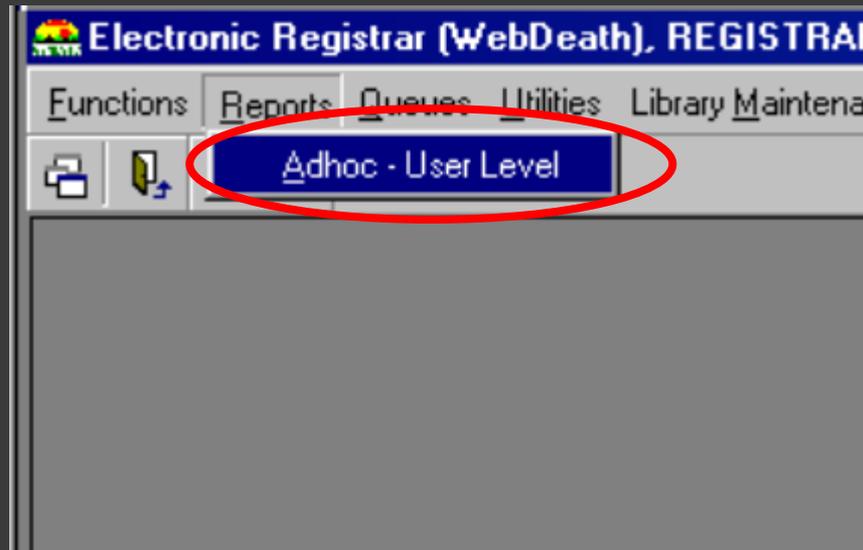
If you need a record re-sent because of a printing failure, send your request to Help-TER@dshs.state.tx.us. Please be sure to state in your email that you were accessing the record from the “Local Registrar Print Queue” so that the support person will know what type of record you are requesting.

Running the Voter Abstract AD-HOC Report



Voter Abstract AD-HOC Report

- Select “Adhoc – User Level” from the Report Menu.

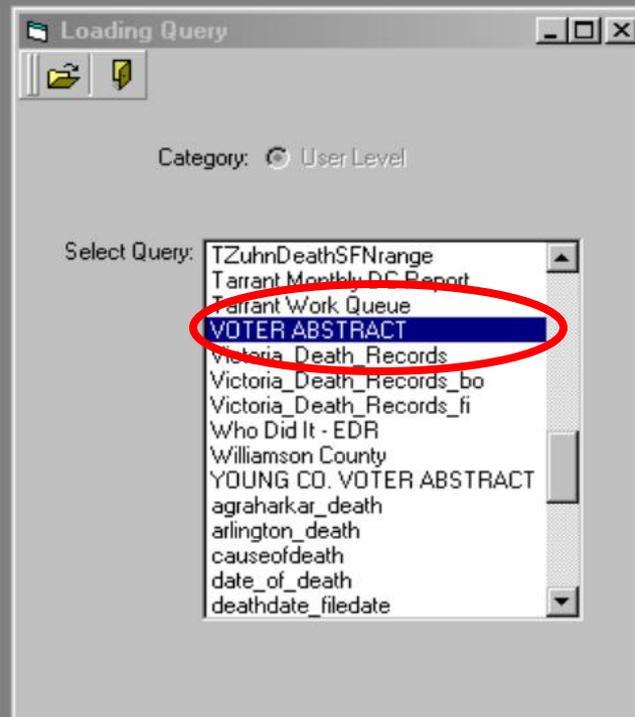


- Select the Open Saved Query” icon.



Voter Abstract AH-HOC Report

- Scroll down and select the report “VOTER ABSTRACT.”



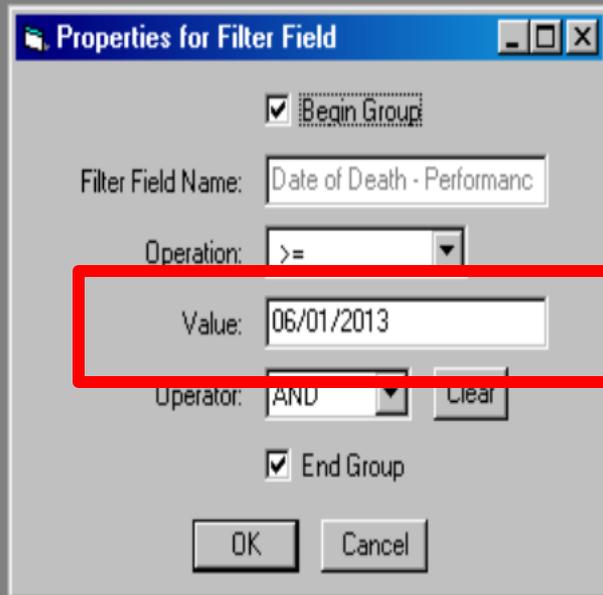
Voter Abstract AD-HOC Report

- Enter the start and end date of the report you want to run.
- Example: 06/01/2013 through 06/30/2013

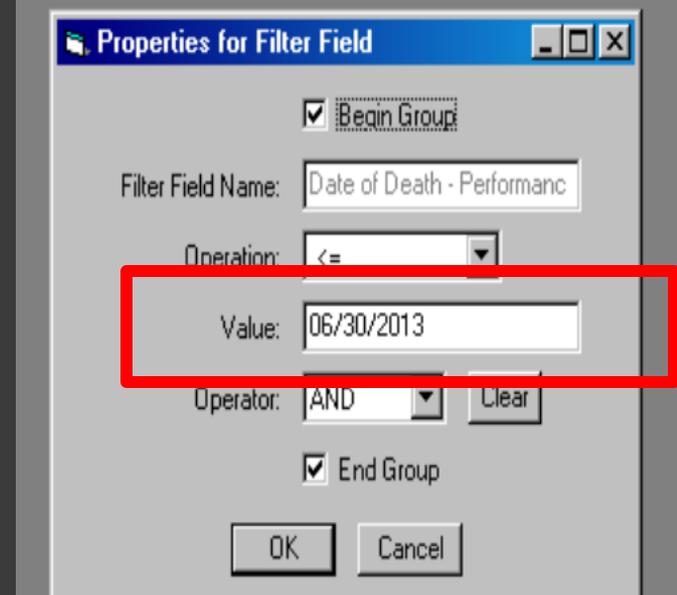
B	Filter Field Name	Operator	Value	Filter Operator
	{ Decedent Residence County		Decedent Residence County	
	{ Decedent Residence Zip		Decedent Residence Zip	
	{ Date of Death - Performance	>=	06/01/2013	AND
	{ Date of Death - Performance	<=	06/30/2013	AND
	{ Age	>=	18	

Voter Abstract AD-HOC Report

- Enter the start and end date of the report you want to run.
- Example: 06/01/2013 through 06/30/2013



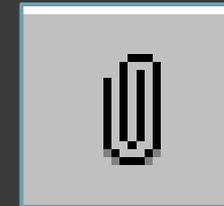
The screenshot shows a dialog box titled "Properties for Filter Field". It has a checked checkbox for "Begin Group" and another checked checkbox for "End Group". The "Filter Field Name" is "Date of Death - Performanc". The "Operation" is set to ">=". The "Value" field contains "06/01/2013" and is highlighted with a red rectangle. The "Operator" is set to "AND" and there is a "Clear" button next to it. At the bottom are "OK" and "Cancel" buttons.



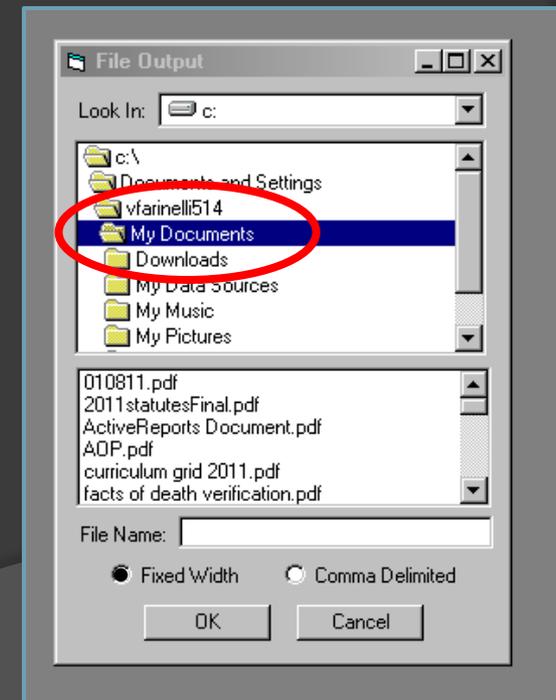
The screenshot shows a dialog box titled "Properties for Filter Field". It has a checked checkbox for "Begin Group" and another checked checkbox for "End Group". The "Filter Field Name" is "Date of Death - Performanc". The "Operation" is set to "<=". The "Value" field contains "06/30/2013" and is highlighted with a red rectangle. The "Operator" is set to "AND" and there is a "Clear" button next to it. At the bottom are "OK" and "Cancel" buttons.

Saving AD-HOC Report

- Select the Save to File icon.



- Select the folder you want to save the file in.



Saving AD-HOC Report

- Name the file in the File Name field and indicate that the file should be saved as a text file (.txt).

Filing Amendments For Birth Records Only Filed At The Local Registrar's Office



Filing Amendments For Birth Records Only Filed At The Local Registrar's Office

Make Sure the state does not
have the record:

Have the customer provide you with the from the state stating we did not find the record.

Have them Complete Application
to Amend Certificate of Birth:

The VS-170 form. See back of application on amendment requirements. Call VSU if need assistance.

Complete VS-171.1 Rev 1/192

Type or print
NEATLY.
This will become part of the original birth record.

Part I Should be completed with information as it appears on original record.

AMENDMENT TO CERTIFICATE OF BIRTH
FILED WITH LOCAL REGISTRAR

Please Type or Print

PART I. INFORMATION CONCERNING REGISTRANT AS SHOWN ON ORIGINAL BIRTH CERTIFICATE.			
REGISTRANT'S FULL NAME Johnathan Smmith		DATE OF BIRTH 01/01/1976	
PLACE OF BIRTH (CITY OR TOWN, COUNTY, AND STATE) Anytown, Any County, Texas		FILE NO. 02-12345	
PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED.			
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION	
First Name	Johnathan	Jonathan	
Middle Name		Adam	
Last Name	Smmith	Smith	
PART III. ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE.			
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
Affidavit of older Sister, Jane Smith	02/15/2012	Sara Jones, Nortary Public, State of Texas	03/12/2012
Certificate of Baptismal	01/22/1976	Our Lady of Perpetual Sorrow Church, Anytown, Texas	02/03/1976
PART IV. PERSON REQUESTING AMENDMENT.			
NAME John Adam Smith	ADDRESS 1234 A Street, Anywhere, Texas 77777	RELATIONSHIP TO REGISTRANT Self	
PART V. CERTIFICATION BY LOCAL REGISTRATION OFFICIAL.			
I HEREBY CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS LISTED ABOVE AND THAT THE ABSTRACT IS TRUE AND CORRECT.			
SIGNATURE _____		LOCAL REGISTRATION OFFICIAL	
DATE FILED _____		ADDRESS _____	
Date file in your office		Address of local registrar office	

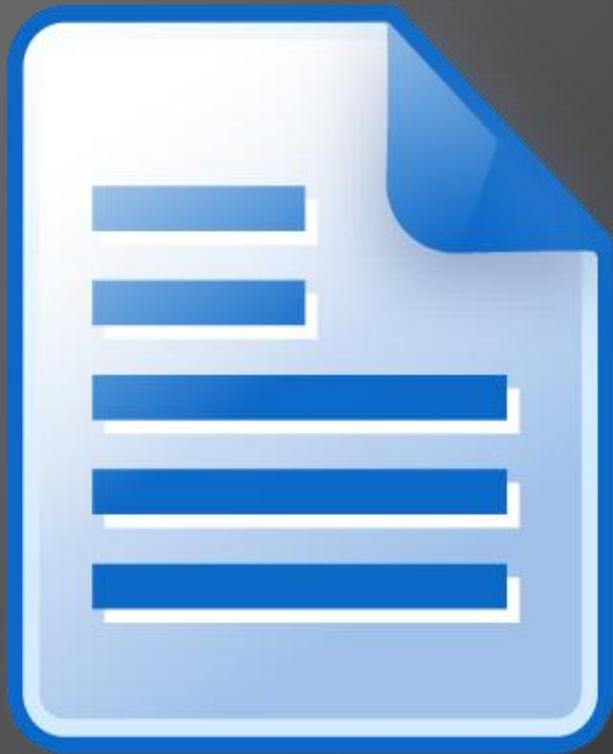
WARNING
THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)

VS-171.1, REV 1/92

Date document was originally created or signed.

Date Document was issued.

Records Preservation



Written Records Preservation Plan and Instructions

Retention Schedule
for each type of
document stored in
your office.

Security procedures
for vital records.
[HSC 191.026 (Page 5-
6)]

Properly disposing
of voided security
paper.

Procedures on How
properly Store of
Vital Records and
security paper in
your office.

Written Training Manual for Vital Statistics Policies and Procedures

Record acceptance
[HSC 191.027 (page
6)]

Issuing BTP during
and after hours [HSC
191.022 (c) (page 4)]

Issuance of Certified
Copies, tracking
security paper, and
voiding certificate
paper.

Filing amendments
and supplemental
records [HSC
191.030 (page 6)]

Reporting Fraud
[HSC 195.001 (b)
(page 24)]

TER Help Desk

- ◎ <http://texasvsu.org>
- ◎ 1-888-963-7111, Extension 3490 (or 512-776-3490)
- ◎ help-TER@dshs.state.tx.us
- ◎ Phones and E-mails—monitored 8-5, Monday—Friday

Your Questions

