

The Certificate of Death (VS 11)

Overview

Each death shall be registered with the local registrar in the district in which the death was officially pronounced or where the body was found, within eight days after the death, and prior to any disposition. This section provides information on using the Electronic Death Registration System (EDRS) to complete the death certificate and the registration process.

REFERENCE: Health and Safety Code Section [102775](#)

Information contained in this section includes:

Registration of Deaths	5
Importance of death registration	5
Legal uses	5
Statistical uses.....	5
Medical and health research	5
Peace Officer killed in the line of duty.....	6
Responsibilities of the Funeral Director, Physician and Coroner	6
Responsibilities for death registration.....	6
Funeral director responsibility.....	6
Physician responsibility.....	6
Physician's attestation/certification	7
Shipboard Physicians	7
In attendance	7
Deaths to be reported to the Medical Examiner/Coroner	8
Medical Examiner/Coroner responsibility	8
Medical Examiner/Coroner investigation authority	9
When Medical Examiner/Coroner is required to sign	9
Physician and Medical Examiner/Coroner both attest/sign.....	9
Additional Medical Examiner/Coroner criteria.....	9
No Medical Examiner/Coroner involvement in military deaths.....	10
Requirements for Completing the Death Certificate	11
Persons completing the form	11
English Only.....	11
Appropriate Punctuation	11
No Alterations.....	11
Use of "Pending"	11
Eight Day Calculation	11
Issuing a Permit.....	12
Stacking Entries.....	12
Decedent's Personal Data (Fields 1-19).....	13

General Information (Fields 1-19).....	13
1, 2, & 3 Name of Decedent.....	13
AKA First Name, Middle Name, Last Name and Suffix	14
4 Date of Birth.....	15
5 Age	16
6 Sex.....	17
7 Date of Death	17
8 Hour.....	17
9 Birth State/Foreign Country.....	18
10 Social Security Number	20
11 Ever in US Armed Forces?	21
12 Marital status	21
13 Education (Highest Level/Degree)	22
14/15 Was Decedent Spanish/Hispanic/Latino?	23
16 Decedent's Race.....	24
17 Usual Occupation	26
18 Kind of Business or Industry	27
19 Years in Occupation	28
20 Decedent's Residence	28
21 City	32
22 County/Province	32
23 Zip Code	32
24 Years in County	33
25 State/Foreign Country	34
25A Homeless Checkbox.....	35
26 Informant Name and Relationship	36
27 Informant Mailing Address	38
28, 29, & 30 Name of Surviving Spouse/SRDP.....	41
31, 32, & 33 Father/Parent's Legal Names	42
34 Father/Parent's Birth State or Foreign Country	42
35, 36, & 37 Mother/Parent's Legal Birth Names	44
38 Mother/Parent's Birth State or Foreign Country.....	44
39 Date of Disposition.....	46
40 Place of Final Disposition	47
41 Type of Disposition(s)	50
42 and 43 Signature of Embalmer and Embalmer's License Number	53
44 Name of Funeral Establishment.....	54
45 Funeral Establishment License Number	54
46 Signature of Local Registrar	55
47 Registration Date	55
Place of Death (Fields 101-106)	56
101 Place of Death	56
102 & 103 If Hospital, Specify One/If Other Than Hospital, Specify One.....	58
104 County/Jurisdiction of Death	58

105 Facility Address or Location Where Found	60
106 City	62
Cause of Death (Fields 107-113)	64
Cause of Death Overview.....	64
107A Immediate Cause	64
107B Due to.....	64
107C Due to.....	64
107D Due to	65
108 Death Reported to Coroner?	66
Referral Number	66
Medical Examiner/Coroner Referral Reasons	67
109 Biopsy Performed?.....	69
110 Autopsy Performed?.....	69
111 Used in Determining Cause?.....	69
112 Other Significant Conditions Contributing to Death but Not Resulting in the Underlying Cause Given in 107.....	70
113 Was Operation Performed for Any Condition in Fields 107 or 112? (If yes, list type of operation and date)	70
113A If Female, Pregnant in Last Year?	71
Physician’s Certification (Fields 114-118).....	73
114A and 114B Dates of Attendance.....	73
115 & 116 Signature and Title of Certifier & License Number	73
117 Date Certifier Signed	75
118 Attending Physician’s Name and Mailing Address	76
Coroner’s Use Only (Fields 119-128)	79
119 Manner of Death (Coroner’s Use Only)	79
120 Injured at Work?	80
121 Injury Date.....	80
122 Hour.....	81
123 Place of Injury.....	82
124 Describe How Injury Occurred.....	82
125 Location of Injury	83
126 Signature of Coroner/Deputy Coroner	86
127 Date.....	86
128 Typed Name, Title of Coroner/Deputy Coroner	86
Court Order Delayed Registration of Death (VS 109)	87
Description	87
Filing the VS 109.....	87
Fees	87
Certified copy of court order	87
Certified copy of certificate	88
Amending court ordered delayed certificates.....	88
Mass Fatalities	89

Overview 89
Definition 89
Filing of petition with the clerk of the superior court 89
Initial contact 89
Obtaining forms 90
Standard certificates 90
Fee 90
Amending court order delayed certificates 90
Remains later located and identified 90

Registration of Deaths

Importance of death registration

A death certificate is a permanent record of the fact of death for an individual. It provides important personal information about the decedent, circumstances, and cause of death. Information from death records serves several important legal and statistical uses described below.

Legal uses

Upon registration by the local and state registrar, the death certificate becomes the state's legal record of that event and is prima facie (e.g. accepted as correct until proven otherwise) evidence in all courts.

Additionally, the death certificate is used to:

- Apply for insurance benefits
- Settle pension claims
- Verify transfer of title and personal property

REFERENCE: Health and Safety Code Section [103550](#)

Statistical uses

Information from a death certificate provides a critical source of data and information about the health of a population. These data help to define problems and measure the results of many aspects of public health work.

Medical and health research

In general, mortality data are part of a necessary foundation used to evaluate population well-being and the effectiveness of health care and public health interventions and policies. These data can be used across several different areas of interest and study, including:

- Mortality counts and rates.
- Life expectancy.
- Years of life lost (YLL).
- Disability Adjusted Life Years (DALY).
- Quality Adjusted Life Years (QALY).
- Disease surveillance.
- Demographic projections.
- Geographic distribution of deaths from certain diseases.
- Risk of death from various causes at different ages.
- Health disparities and inequities.
- Impacts of the social determinants of health.
- Medical implications of the combinations of morbid conditions (e.g. illnesses or diseases) causing death.
- Frequency of autopsies, and

- Proportion of deaths occurring in health care facilities and congregate settings, such as hospitals or nursing homes.

Peace Officer killed in the line of duty

When a peace officer is killed in the line of duty, the law requires special processing of the death certificate with exceptional speed. Extra measures are taken to communicate with the informant, Medical Examiner/Coroner and local registrar to complete the certificate timely.

REFERENCE: Health and Safety Code Section [103265](#), ACL 03-25

Responsibilities of the Funeral Director, Physician and Coroner

Responsibilities for death registration

The responsibilities of the funeral director, physician, and the county Medical Examiner/Coroner in the registration of deaths are defined in this section.

Funeral director responsibility

The funeral director, or person acting in lieu of, is responsible for the duties described below:

- Obtaining the decedent's personal data from the informant (the person available to supply this information (see H&SC Sec. [7100](#) for more information)
- Ensuring all fields of the certificate are complete
- Notifying the coroner of any death that is required by law to be reported unless the physician or the police have already done so (refer to the section regarding deaths required to be reported to the coroner)
- Securing the physician's or coroner's certification signature
- Reviewing the certificate for completeness and accuracy
- Filing the certificate with the local registrar within eight (8) calendar days and obtaining a permit for final disposition
- Cooperating with state or local registrars concerning queries on certificate entries

REFERENCE: Health and Safety Code Sections [102125](#), [102135](#), [102780](#), [102790](#), [102850](#), [103785](#) and Government Code Section [27491](#)

Physician responsibility

The physician in attendance shall, within 15 hours after the death, provide and attest to the following information contained on the Certificate of Death (VS 11):

- The date, time, and place of death
- The direct causes of death
- The conditions, if any, that gave rise to these causes
- Other medical and health section data required on the certificate
- If appropriate, the existence of cancer

During the remote attestation process, the physician reviews the information for accuracy, electronically attests to these facts and notifies the attending funeral director that the attestation is complete.

REFERENCE: Health and Safety Code Section [102795](#), [102800](#) and [102825](#)

Physician's attestation/certification

The following rules apply to the physician's signature on a death certificate:

- Licensed California physicians may attest or sign the certificate. Deaths may not be certified or attested by medical residents or interns who have not been issued a medical license.
- Federally employed physicians, state civil service physicians, shipboard physicians on the high seas, and county hospital physicians who are licensed out-of-state are considered provisionally licensed to legally sign a California death certificate.
- If an out-of-state physician has attended the decedent in the 20 days before death, and the death is not otherwise a coroner's case, the physician has the authority to sign the death certificate. The decedent need not have died in the federal, state or county facility, or on federal, state or county property.

REFERENCE: Business and Professions Code Section [715](#), [2060](#), and Health and Safety Code Section [102850](#), Government Code Section [27491](#)

Shipboard Physicians

Shipboard physicians may sign a California death certificate, provided all of the following conditions are met:

- The decedent dies after disembarking, but within 20 days of attendance by the shipboard physician
- The physician is licensed in another state or country with laws and standards for shipboard physicians similar to those of the United States, such determination being at the discretion of the county medical examiner/coroner of the jurisdiction in which the decedent was first removed from aboard ship (first port of call)
- The physician was the last physician to attend on the decedent within the 20 days before death
- The case is not otherwise a coroner's/medical examiner's case. If the Medical Examiner/Coroner determines the shipboard physician has adequate knowledge to determine the cause of death, the Medical Examiner/Coroner may authorize the shipboard physician to sign the California death certificate

REFERENCE: Business and Professions Code Section [2060](#), Health and Safety Code Section [102850](#) and Government Code Section [27491](#)

In attendance

“In attendance” means the existence of the relationship whereby a health care provider renders services which are authorized by the health care provider's licensure or certification.

REFERENCE: [California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, number 17](#)

Deaths to be reported to the Medical Examiner/Coroner

Deaths due to the following must be referred to the Medical Examiner/Coroner office:

- Violent, sudden, or unusual
- Unattended
- The deceased had not been attended by a physician in 20 days prior to death
- Known or suspected homicide, suicide, or accidental poisoning
- Known or suspected in whole or in part to be from or related to an accident or injury (either old or recent)
- Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome (not including aspiration pneumonia)
- Death in whole or in part occasioned by criminal means
- Deaths associated with a known or alleged rape or crime against nature
- Deaths in prison or while under sentence
- Known/suspected due to contagious disease and constituting public hazard
- Deaths from occupational diseases or occupational hazards
- Deaths of patients in state mental hospitals serving the developmentally disabled and operated by the state department of mental health
- Deaths under such circumstances as to afford a reasonable ground to suspect the death was caused by the criminal act of another

NOTE: When a death involves any of the above, it is the responsibility of the funeral director, physician, surgeon, physician assistant, or other person, including local registrar to notify the medical examiner/coroner and confirm the medical examiner/coroner's clearance for the physician to complete the medical certification.

REFERENCE: Government Code Section [27491](#), Health and Safety Code Section [102850](#)

Medical Examiner/Coroner responsibility

The Medical Examiner/Coroner shall, within three days after examining the body, state and certify the following information on the Certificate of Death (VS 11):

- The date, time, and place of death
- The direct causes of the death
- The conditions, if any, that gave rise to these causes
- Other medical and health section data required on the certificate
- If appropriate, the existence of cancer

During the attestation process, the Medical Examiner/Coroner reviews the information for accuracy, electronically attests to these facts and notifies the attending funeral director the attestation is complete.

REFERENCE: Health and Safety Code Section [102800](#), [102850](#), [102860](#) and Government Code [27491](#)

Medical Examiner/Coroner investigation authority

The Medical Examiner/Coroner investigates cases under his or her jurisdiction in which death occurred under any of the following circumstances:

- Without medical attendance
- During the continued absence of the attending physician and surgeon
- When the attending physician is unable to state the cause of death
- Where suicide is suspected
- Following an injury or an accident
- Under circumstances as to afford a reasonable ground to suspect the death was caused by the criminal act of another

REFERENCE: Health and Safety Code Section [102850](#), Government Code Section [27491](#)

When Medical Examiner/Coroner is required to sign

The medical examiner/coroner shall attest/sign the death certificate under the following criteria:

- If the attending physician is unable to state the underlying cause of death
- If death is due to an external cause
- If no physician was in attendance
- If the attending or assistant physician is not available to sign
- If field 26 (informant) on the death certificate states "under investigation"

The medical examiner/coroner may authorize the physician to attest to or sign the certificate.

REFERENCE: Health and Safety Code Section [102850](#), [102860](#) and Government Code Section [27491](#)

Physician and Medical Examiner/Coroner both attest/sign

There may be cases where the physician certifier has completed the medical and health section data and Fields 114 through 118, and the Medical Examiner/Coroner subsequently assumes jurisdiction over the death. Under these circumstances, the coroner may sign the certificate and add information previously left blank without the need to prepare a new certificate.

Additional Medical Examiner/Coroner criteria

Individual county Medical Examiner/Coroners may require that deaths occurring under other circumstances also be reported to the coroner's/medical examiner's office. Contact the coroner of the county with jurisdiction over the death for additional information.

No Medical Examiner/Coroner involvement in military deaths

Attorney General's opinion (1 Ops. Cal. Atty. Gen. 176, page 182, 1943) states specifically when the coroner should and should not become involved:

"...it is the opinion of this office that the county coroner may not act with reference to unnatural deaths occurring within military reservations under the exclusive jurisdiction of the federal government, deaths occurring in the line of duty of military personnel or where his activity will impede or hamper military operations. In case of deaths occurring under other circumstances, the coroner should exercise the authority of this office."

Requirements for Completing the Death Certificate

Persons completing the form

All physicians, informants, and other persons having knowledge of the facts shall supply upon the prescribed forms, any information they possess regarding any death. The certificate form shall be completed in accordance with the requirements set forth in the Health and Safety Code.

REFERENCE: Health and Safety Code Sections [102135](#), [102790](#) and [102875](#)

English Only

The form is to be completed using the 26 alphabetical characters of the English language.

REFERENCE: [Constitution of California, Article 3, Section 6](#) and [Government Code Section 8](#)

Appropriate Punctuation

Appropriate punctuation should be used for all entries. Examples of appropriate punctuation for purposes of vital records are as follows:

- Hyphens such as "Smith-Jones"
- Apostrophe as in "O'Hare"
- Period as used with "Jr."

No Alterations

No erasures, whiteout, or alterations of any kind are allowed on the printed certificate.

NOTE: If errors are discovered prior to submission for registration, return to EDRS and correct the errors. If the certificate has been submitted for registration but has not yet been registered, contact your local registrar. If it has been registered, an amendment will be necessary to correct the error.

REFERENCE: Health and Safety Code Section [102140](#)

Use of "Pending"

An entry of "Pending" in one or more fields is only acceptable for coroner cases, at the direction of the coroner.

Eight Day Calculation

Each death must be registered within eight (8) days following the date of death and prior to disposition. The eight-day filing mandate is calculated by excluding the date of death and counting each day thereafter, unless the eighth day falls on a Sunday or county holiday, at which time the ninth day would be the final day the death must be registered. Saturday is not treated in statute as a holiday.

REFERENCE: Government Code Sections [6700](#), [6701](#), and [6800](#)

Issuing a Permit

A permit for disposition shall be issued only when an acceptable death certificate has been registered.

REFERENCE: Health and Safety Code Section [103050](#)

Stacking Entries

EDRS controls which fields accept "stacking entries" where more than one line of text is allowed. This is done to ensure the information provided is legible, unambiguous, reproducible, and contained within the appropriate field area.

Decedent's Personal Data (Fields 1-19)

General Information (Fields 1-19)

The Decedent Personal Data section contains Fields 1 through 19. The collection of this information is authorized in statute.

REFERENCE: Health and Safety Code Section [102875](#)

Following are the specific instructions for completing these fields.

1, 2, & 3 Name of Decedent

Do not leave any of these items blank. Enter a dash (-) if necessary.

Enter the decedent's legal first, middle and last names in the appropriate fields.

- 1 First Name
- 2 Middle Name
- 3 Last Name

Only the 26 alphabetical characters of the English language may be used. No pictographs, ideograms, or diacritical marks (è, ñ, ē, ç) are allowed. A dash (-), period (.), or apostrophe (') is acceptable punctuation. Only one line is allowed in each field. Multiple names in a field may not be stacked.

Legal names for purposes of vital event records are those acquired through birth, adoption, naturalization, court-ordered name change, or marriage. The names must fit the available space on the official Certificate of Death Form. In the case of long or hyphenated names, it may be necessary to shorten the name to fit the available space. In this case, when the certificate is completed, create an Affidavit to Amend a Record (VS 24e) to show the full name(s). The certificate will become a multiple-page document with the full name listed on an additional page of the document.

If the decedent has more than one name, the name to be entered in Fields 1 through 3 is the name that was used to verify the Social Security Number. If there was no Social Security Number verification, utilize the name used for official purposes in the United States (e.g., a driver's license, tax purposes, voter registration, etc.). If there is another name, it should be placed in the AKA (Also Known As) field.

After record creation and before registration, the name of decedent can be updated using the **Edit Decedent Information** menu option.

Suffix

Select the appropriate suffix for the decedent from the dropdown. If the decedent does not have a suffix, this field may be left as a double dash (--).

Jane/John Doe number

If the decedent has not been identified and is considered a John or Jane Doe, a number (e.g., John/Jane Doe number) may be used if it is the medical examiner/coroner's policy. This option is only available if the coroner has accepted the case (coroner status=ACC).

What to do...

If the decedent ...	Then ...
has only one name	enter a dash (-) in Fields 1 and 2 and the name in Field 3.
has no first or middle name	enter a dash (-) in the appropriate field.
has a hyphenated name	enter the complete name in the appropriate field, space permitting. If additional space is needed, then submit an Affidavit to Amend a Record (VS 24e) after the certificate is registered.
has long or multiple names and additional space is necessary	enter as many characters as permitted by available space. If additional space is needed, then submit an Affidavit to Amend a Record (VS 24e) after the certificate is registered.
has not been identified	the medical examiner/coroner will enter John Doe or Jane Doe in Fields 1 and 3, and a dash (-) in the middle name Field 2. A number, (e.g., John Doe No. 2) may be used if it is the medical examiner/coroner's policy. Enter the number in the John/Jane Doe number field. Do not enter Unknown or Unidentified Male, or Unidentified Female.
is known by an AKA (also known as)	enter only the legal name in Fields 1, 2, and 3. See the AKA section for information regarding AKA's.
is a newborn	the name as it appears on the certificate of birth should be entered on the death certificate. However, if the parents request a different name be placed on the death certificate, list the birth certificate name as an AKA.
is an unnamed newborn	enter a dash (-) for Fields 1 and 2 and the last name of the parent in Field 3.

AKA First Name, Middle Name, Last Name and Suffix

Enter the AKA (Also Known As) First Name, Middle Name, Last Name and Suffix as provided by the informant in the appropriate fields. Only one AKA is permitted on the death certificate. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. Additional AKAs must be added via an Affidavit to Amend the Record (VS 24). Refer to the Death Amendment section of this handbook for further information regarding multiple AKAs. If the decedent does not have an AKA, these fields may remain blank.

What to do...

If the decedent's ...	Then ...
name is John Anthony Harris and he has an AKA first name of Red	enter Red in the AKA First Name field, Anthony in the AKA Middle Name field and Harris in the AKA Last Name field.
name is Elizabeth Mary Jones and she has an AKA of Betty Jones-Harris	enter Betty in the AKA First Name field, Mary in the AKA Middle Name field and Jones-Harris in the AKA Last Name field.
has an AKA of Betty Jones-Harris	enter Betty in the AKA First Name, leave the AKA Middle Name field blank, and Jones-Harris in the AKA Last Name field.

4 Date of Birth

Do not leave this field blank.

Enter the decedent's date of birth using the calendar tool or enter the date using the MM/DD/YYYY format.

If the day and/or month are unknown, use double dashes as placeholders for the absent information.

EDRS uses the Date of Birth (Field 4) and the Date of Death (Field 7) to automatically calculate age whenever possible when information is saved.

However...

- if the date of death is "**FOUND**", the estimated age must be manually entered into Field 5.
- if the date of birth is partial or unknown, the estimated age must be manually entered into Field 5.
- if calculated age is one day or less, the age in days, hours, and/or minutes must be manually entered into Field 5.

What to do...

If ...	Then enter ...
the day of birth is unknown	the estimated month and year with dashes for the unknown day separated by forward slashes (e.g., 07/--/1998).
the month and day of birth are unknown	the year with dashes for the unknown month and day separated by forward slashes (e.g., --/--/2010).
no information is available	UNK.

5 Age

EDRS uses the Date of Birth (Field 4) and the Date of Death (Field 7) to automatically calculate age whenever possible when information is saved.

However...

- if the date of death is "**FOUND**," the estimated age must be manually entered into Field 5.
- if the date of birth is partial or unknown, the estimated age must be manually entered into Field 5.
- if calculated age is one day or less, the estimated age in days, hours, and/or minutes must be manually entered into Field 5.

If EDRS does not automatically calculate age, manually enter the age at the time of death. Select the appropriate age type from the dropdown in Field 5. The available options are:

- Years
- Under One Year
- Under 24 Hours

After an age type has been designated, a subsequent field will populate, requesting further details regarding the age. Enter the age at the time of death.

What to do...

If ...	Then select ...
years	Years from the Age dropdown. Enter the number of years.
under one year	Under One Year from the Age dropdown. Then select the appropriate number from the months and/or days dropdowns.
under one day	Under 24 Hours from the Age dropdown. Then select the appropriate number from the hours and/or minutes dropdowns.
unknown years	Years from the Age dropdown. Then enter UNK .
unknown months	Under One Year from the Age dropdown. Then select UNK from the Months dropdown.
unknown days	Under One Year from the Age dropdown. Then select UNK from the Days dropdown.
unknown hours	Under 24 Hours from the Age dropdown. Then select UNK from the Hours dropdown.
unknown minutes	Under 24 Hours from the Age dropdown. Then select UNK from the Minutes dropdown.

6 Sex

Select the appropriate sex from the dropdown. The available options are:

- Male (M will print)
- Female (F will print)
- Unknown/Undetermined (U will print)
- Nonbinary (X will print)

After record creation and before registration, decedent sex may be updated using the **Edit Decedent Information** menu option.

REFERENCE: Health and Safety Code Section [102875](#)

7 Date of Death

Enter the date of death certified by the physician or coroner using the calendar tool or enter using the MM/DD/YYYY format.

Do **not** leave blank.

If the death is accepted as a coroner's case (coroner status=ACC), and the date of death is not known, enter the date the body was found and select the abbreviation **FND** from the dropdown list.

After record creation and before registration, the date of death may be updated using the **Edit Decedent Information** menu option.

NOTE: Please be certain the YEAR of death is correct BEFORE registration. YEAR of death cannot be amended. If the year is not correct, the original death certificate will need to be administratively sealed and a replacement death certificate with the correct date will be required.

Court Order Delayed Registration of Death is required for deaths that occurred more than one year ago. For more information, please visit: [Court Ordered Delayed Registration of Death](#).

8 Hour

Enter the 24-hour military clock time (i.e., HHMM) that the physician or medical examiner/coroner certifies as the time of event. For example, 4:16 p.m. is entered as 1616. If the decedent was found (FND entered in Field 7) and the hour of death is not identified, enter **UNK**. If time of event is unknown, enter **UNK**. Do not enter seconds, colons, dashes, or other punctuation.

After record creation, the time of death may be updated using the **Edit Decedent Information** menu option.

Please refer to the time conversion table below.

TIME CONVERSION TO 24-HOUR CLOCK

Regular Clock	24-Hour Clock	Regular Clock	24-Hour Clock
12:00 a.m.	0000	12:00 noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00a.m.	1000	10:00 p.m.	2200
11:00a.m.	1100	11:00 p.m.	2300
		11:59 p.m.	2359

What to do...

If ...	Then ...
the actual time is not known but can be estimated	have certifier designate the best estimate and select EST from the dropdown.
the time when the body was found is known, but actual time of death is not known	have certifier designate the estimated time the body was found and select FND from the dropdown.
if the hour is unknown or the time cannot be estimated	enter UNK .
there is an independent confirmation by a second physician to confirm (cessation of all functions of the entire brain)	the time of death to be recorded is the time of the confirming (second physician's) examination.

9 Birth State/Foreign Country

Select the decedent's birth place address type from the dropdown. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the birth state/foreign country.

What to do...

If ...	Then select ...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.
born on the high seas	Other Country UNK . No further action is needed. FRN-UNK will print on the death certificate.

10 Social Security Number

Enter the decedent's United States nine-digit Social Security Number (SSN), excluding dashes. Ensure the decedent's name, date of birth and sex are accurate.

Select **Request SSN Verification** (SSNV) from the **Certificate** menu dropdown. Check the box to confirm you have the authority to verify the SSN for this record and then select "Continue." The First Name, Last Name, Date of Birth, Sex, and SSN will lock (cannot be edited) while verification is Pending.

When a response is received from the Social Security Administration (SSA), the status will update and tell you if the verification passed or failed. To view the status, go to the **Status tab**. If the verification failed, examine your entries and/or contact the informant to attempt to obtain the correct information. Correct any entries on the death certificate, and then re-request SSNV. A maximum of five (5) attempts for SSNV is allowed.

It is not necessary to wait for a "passed," "failed," or "pending" response from SSA to continue with completing and registering the certificate. Also, a certificate with a "pending" or "failed" SSN number verification may still be submitted and registered. If a SSN is entered, the only requirement is that SSNV has been requested at least once.

If the SSN is unknown (UNK) or there is no SSN (NONE), you are not required to Request SSNV. If you attempt Request SSNV, SSNV validations will display a SSN red error message. However, within EDRS validations, both UNK and NONE are acceptable entries; no red EDRS error message will occur or prevent you from continuing the registration process.

SPECIAL CAUTION:

Once SSNV has PASSED, you cannot edit SSN. You may edit Name, DOB, Sex and re-request SSNV, but you *cannot change the SSN after getting a PASSED response*. If the SSN must be changed, then you would have to abandon the record. Also, if the certificate has been registered with a validated SSN, any subsequent change to the SSN requires an amendment and supporting documentation.

CA-EDRS runs validations for the entries in this field on behalf of the SSA. If an error message occurs, refer to the EDRS 4.0 User Guide.

What to do...

If ...	Then enter ...
the decedent did not have an SSN issued by the United States	NONE
the SSN is unknown	UNK

Unacceptable entries for SSN

- WITHHELD
- International SSNs.
- Identification numbers such as health insurance claim numbers and Medicare numbers.

11 Ever in US Armed Forces?

Select the appropriate information for the decedent from the dropdown. The available options are:

- Yes
- No
- Unknown

What to do...

If ...	Then select...
in the United States armed forces	YES
not in the United States armed forces	NO
in the armed forces, but not the United States armed forces	NO
information is not known	UNK

12 Marital status

Select the decedent's marital status at the time of death from the dropdown. The available options are:

- Never married
- Married
- Widowed
- Divorced
- Married/WID (in the case of a simultaneous death of the spouses)
- SRDP (in the case of a State-Registered Domestic Partner)
- SRDP SURV (in the case of a surviving SRDP)
- SRDP/SURV (in the case of a simultaneous death of the partners)
- Unknown (if absolutely no information is available)

The California Domestic Partner Rights and Responsibilities Act applies to partners who are members of the same sex, and to partners who are of opposite sexes when one or both of the partners are over 62 years of age. Other criteria for domestic partners can be located in [Family Code Section 297](#).

Spouse name Fields 28, 29 and 30 depends on the marital status selected. If marital status is amended, spouse fields (Fields 28, 29, 30) may also need to be amended.

What to do...

If Field 12 ...	Then Fields 28, 29, 30 ...
Never Married	a dash (-) is auto-populated and spouse fields are not editable.
Married	enter the spouse's name in Fields 28, 29 and 30. If spouse's name is not available, enter dash(es) (-) as appropriate.
Widowed	a dash (-) is auto-populated and spouse fields are not editable.
Divorced	a dash (-) is auto-populated and spouse fields are not editable.
Married/Wid	enter the spouse's name in Fields 28, 29 and 30. If spouse's name is not available, enter dash(es) (-) as appropriate.
SRDP	enter the SRDP's name in Fields 28, 29 and 30.
SRDP SURV	enter a dash (-) in Fields 28, 29 and 30.
SRDP/SURV	enter the partner's name in Fields 28, 29 and 30. If partner's name is not available, enter dash (es) (-) as appropriate.
UNKNOWN	enter a dash (-) in Fields 28, 29 and 30.

13 Education (Highest Level/Degree)

Select the option that best describes the decedent's highest degree or level of school completed from the dropdown. Refer to the table below for the available options:

What to do...

If the decedent ...	Then ...
did not complete one full year of formal education	select 0 (zero).
completed grades, 1, 2, 3...11	select the highest grade completed 1st Grade through 11th Grade .
completed 12th grade, but did not receive a diploma	select 12th Grade with no diploma .
completed high school	select High School diploma .
completed the GED (General Equivalency Diploma)	select GED .
attended college but did not receive a degree	select Some College but no degree .
received an Associate degree (e.g., AA, AS)	select Associate's degree .
received a Bachelor's degree (e.g., BA, AB, BS)	select Bachelor's degree .
received a Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	select Master's degree .
received a Doctorate (e.g., PhD, EdD)	select Doctorate degree .
received a Professional degree (e.g., MD, DDS, DVM, LLB, JD)	select Professional degree .
no information is available	select Unknown .

What to do continued...

If the decedent ...	Then ...
attended a specialty school such as a beauty, barber, business or technical school	do not include in the number of school years completed.
was educated outside the USA	identify and enter the number of years school was attended in comparison to USA education.

14/15 Was Decedent Spanish/Hispanic/Latino?

Utilize the [Race Ethnicity Worksheet](#) located in the **Help** menu dropdown to assist in gathering the decedent's Hispanic, Latino, or Spanish origin information.

Select the decedent's appropriate Hispanic, Latino, or Spanish origin information from the dropdown in Field 14/15. The available options are:

- Yes
- No
- Unknown

If **YES**, next select the appropriate box(es). The available options are:

- Cuban
- Mexican
- Puerto Rican
- Other

If **Other** was selected, please specify. Use the reference browser (click on the magnifying glass icon) to select the decedent's origin or ancestry (e.g., Guatemala, Nicaragua, Argentina). If the origin or ancestry is not found using the reference browser, type the origin or ancestry in the space provided. Hispanic origin must be alphabetic. A dash (-), period (.), apostrophe ('), or slash (/) is acceptable punctuation. Abbreviations are acceptable.

What to do...

If ...	Then ...
not of Hispanic/Latino/Spanish origin or descent	select No from the dropdown.
of Hispanic/Latino/Spanish origin or descent	select Yes from the dropdown – and specify the decedent’s origin or descent by checking the applicable checkbox(es) Cuban, Mexican, Puerto Rican, or Other .
of more than one Hispanic/Latino/Spanish origin or descent	select Yes from the dropdown – and specify the decedent’s origin or descent by checking the applicable checkbox(es) Cuban, Mexican, Puerto Rican, or Other . Check to see that the entries will fit in the space provided.
of Hispanic/Latino/Spanish origin or descent, but specific origin or descent unknown	select Yes from the dropdown, check the Other checkbox and enter UNKNOWN .
No information is available	select Unknown from the dropdown.

16 Decedent’s Race

Utilize the [Race Ethnicity Worksheet](#) located in the **Help** menu dropdown to assist in reporting the decedent’s race information.

Race entries are intended to be informant-designated. The informant may select up to three races and choose the desired race(s) to be printed on the certificate. The informant may enter **Unknown** if the information is not known.

Select race from the dropdown. The available options are:

- White
- Caucasian
- Black
- African American
- Mexican
- Mexican American
- Other Hispanic
- Alaskan Native
- Eskimo
- Aleut
- Native American
- American Indian
- Chinese
- Japanese
- Filipino
- Korean

- Vietnamese
- Asian Indian
- Cambodian
- Thai
- Laotian
- Hmong
- Other Asian, specify
- Native Hawaiian
- Guamanian
- Samoan
- Other Pacific Islander, specify
- Unknown
- Other, specify

The race selected will be entered by default in the adjacent field. To further specify race or national origin to be listed on the death certificate, utilize the reference browser (click on the magnifying glass icon) to select the more specific race to print on the death certificate. The more specific text must be consistent with the race selected from the dropdown. Ensure accurate spelling of the entry, if the entry is misspelled, the family may request an amendment. The race information may be truncated as necessary to fit in the space provided. Race must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. Facetious, derogatory and/or extraneous (e.g., human being) entries are not acceptable.

What to do...

If ...	Then ...
none of the categories apply	select Other from the dropdown and enter the race provided by the informant in the text field.
no information is available	select Unknown from the dropdown and UNKNOWN will auto-populate the text field.
you make a mistake and enter the wrong race	select the correct race from the dropdown, this will change the entry in the text field.
you make a mistake and enter a second or third race when none should have been selected	select the double dash (--) from the dropdown. This will clear the race on the dropdown and clear the entry in the text field.

17 Usual Occupation

These recommendations are intended as guidelines only and should be used as such.

Certificates should not be rejected based on this entry alone.

Enter the type of work the decedent performed for the longest period of time. Provide the information as stated by the informant, as specifically as possible. This field is alphanumeric. A dash (-), period (.), apostrophe ('), ampersand (&), or parentheses is acceptable punctuation.

Auto-populate Field 17 one of two ways below:

- begin typing the first few characters of the desired occupation and a list will appear. Select the most accurate occupation from the list; OR
- use the magnifying glass icon to access the Occupation Browser. Search for the occupation by title by typing the first few characters. Then select the most accurate occupation from the list.

What to do...

If the decedent ...	Then specify type ...
was a doctor	physician, dentist, veterinarian, chiropractor, etc.
worked in data processing	computer programmer, key data operator, etc.
was a nurse	registered nurse, nurse-midwife, nurse's aide, nurse practitioner, etc.
was a homemaker	homemaker. However, if the decedent normally worked outside of their home prior to their death, then enter that information.
was a farm worker	farmer, farm hand, farm supervisor, fruit picker, migratory farm hand, etc.
was a business owner	enter owner.
was a student	enter student.
was an infant (less than 12 months)	enter infant.
was a child (12 months or greater)	enter child.

Acceptable Entries:

- Unknown or UNK if no information is available
- Withheld
- Never Worked
- Abbreviations

Unacceptable Entries:

- Derogatory or nonsensical entries
- Retired
- Unemployed

18 Kind of Business or Industry

These recommendations are intended as guidelines only and should be used as such. Certificates should not be rejected based on this entry alone.

Enter the type of business or industry the decedent worked for the longest period of time corresponding to the entry in Field 17. Provide the information as stated by the informant, as specifically as possible. This field is alphanumeric. A dash (-), period (.), apostrophe ('), ampersand (&), or parentheses is acceptable punctuation.

Auto-populate Field 18 one of two ways below:

- begin typing the first few characters of the desired business or industry and a list will appear. Select the most accurate business or industry from the list; OR
- use the magnifying glass icon to access the business or industry Browser. Search for the business or industry by title by typing the first few characters. Then select the most accurate business or industry from the list.

What to do...

If business or industry is ...	Then specify ...
mining	copper mine, etc.
retail	bookstore, card store, etc.
manufacturer	fountain pen manufacturing, etc.
construction	road construction, housing construction, etc.
oil and gas industry	oil field drilling, petroleum refinery, retail gasoline station, wholesale oil distributor, natural gas pipeline, etc.
for a child or infant	none or a dash (-).
for a student	public education, private education, home school, etc.

19 Years in Occupation

Enter the number of years (cumulative) the decedent worked in the occupation listed in Field 17. Round the entry to the nearest full year. Years in Occupation must be numeric, UNK if unknown, or a dash (-) if no information is available.

What to do...

If ...	Then enter ...
no information is available	a dash (-).
the decedent is a child that has not completed first grade	a dash (-).
the decedent is a student	the highest grade completed.
the decedent worked less than six months	0.
the decedent never worked	a dash (-).

20 Decedent's Residence

Enter the decedent's usual and customary street or rural address in Field 20.

There are three subfields within Field 20:

- Street Number (optional)
- Street Name (required)
- Apt/Suite/Unit (optional)

Street Number (optional)

This subfield may be left blank. Enter the street number if the decedent's address included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation. **Do not** list homeless terms here (Unsheltered, Sheltered, In Institution).

- 123
- 123B

Street Name (required)

Enter the street name of the decedent's street address (see further instructions below if decedent was homeless). If the decedent's address is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. Street name must be alphanumeric. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

Latitude and longitude coordinates are acceptable entries and may be useful for rural areas where a postal box is used for an address, for homeless individuals, etc.

If decedent was “Sheltered-Homeless” or “In Institution-Homeless”, use the Street Name/Address of facility/shelter/institution. See additional options below for recommendations for entering information on decedents experiencing homelessness at the time of death.

Apt/Suite/Unit (optional)

This subfield may be left blank. Enter the Apt/Suite/Unit if the decedent's address included an apartment, suite or unit number. Only alphanumeric entries are acceptable in this subfield. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

What to do...

If the decedent ...	Then enter ...
was on tour of military duty or attending college	his or her current military or college address.
had been living in a facility for a period of one year or longer, (e.g., group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill)	the address of the facility.
had been living in a facility for a period of less than one year	the residence address where the individual lived prior to being institutionalized.
had been living in a long-term care facility for a period of less than one year and the person's prior address is unknown	the address of the facility.
was a minor child	the residence address of the parent(s), legal guardian, or custodian.

was homeless *

for **Sheltered/In Institution** homeless decedents, enter the address of the institution or shelter facility where decedent was staying at time of death.

Sheltered Examples

Scenario A: Decedent was staying at Dare to Care for the Homeless shelter at 4508 Atlantic Ave Ste 186, Long Beach, CA 90807

Street Number	Street Name	Apt/Suite/Unit
4508	Atlantic Ave	Ste 186

Scenario B: Decedent was staying at various friends' houses, couch surfing. At time of death, friend's address was 123 Example St Apt 1, Sacramento, CA 95817

Street Number	Street Name	Apt/Suite/Unit
123	Example St	1

In Institution Example

Scenario C: Decedent was in a behavioral health inpatient program at Fremont Hospital at 39001 Sundale Dr, Fremont CA 94538

Street Number	Street Name	Apt/Suite/Unit
39001	Sundale Dr	(leave blank)

for Unsheltered homeless decedents, use the latitude and longitude of the physical location where the individual usually lived, or a description of the physical location in the **street name**.

Unsheltered Example

Scenario D: Decedent was known to stay in park, and latitude and longitude were obtainable

	Street Number	Street Name	Apt/Suite/Unit
	(leave blank)	Lat. 38.66204 Long. 121.510265	(leave blank)
	Scenario E: Decedent was known to stay in parking lot, near two cross streets		
	Street Number	Street Name	Apt/Suite/Unit
(leave blank)	Parking lot at 4 th and Main Streets	(leave blank)	
is unknown and no address can be identified	If unknown, enter UNK in the street name subfield.		

* **Homeless** is defined as lacking a fixed, regular, and adequate nighttime residence.

Unsheltered - Lacked a fixed, regular, and adequate nighttime residence: residing in a place not meant for human habitation.

Sheltered - Lacked a fixed, regular, and adequate nighttime residence: residing in a publicly or privately operated shelter designated to provide temporary living arrangements. May include congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs, or "couch surfing".

In Institution - Lacked a fixed, regular, and adequate nighttime residence: in an institution where the decedent would have resided **for 90 days or less** and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Examples include:

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

21 City

Enter the name of the city, town, or location where the decedent lived. If the informant refuses to provide the information or it is not available, enter UNK. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

The residence of the decedent is the place where their household is located. This is not necessarily the same as the home state, voting residence, mailing address, or legal residence, but must reflect where the decedent lives most of the time.

22 County/Province

Enter the county or province of residence associated with the decedent's residence entries in Fields 20 and 21. When entering a county/parish as free text, the entry must be alphabetic or a dash (-).

What to do...

If the decedent resided ...	Then ...
in California	select the name of the California county or UNK for unknown from the dropdown.
in a US state outside of California	enter the name of the out-of-state county/parish or UNK for unknown in the text field.
in an unknown US state	EDRS will auto-populate UNK.
in a US Territory	enter the name of the other-state-county or UNK if unknown in the text field.
in a US Territory, but territory is unknown	EDRS will auto-populate UNK.
in Canada	EDRS will auto-populate the province selected (in State/Province Field 25).
in Canada, but the province is unknown	EDRS will auto-populate UNK.
in Mexico	EDRS will auto-populate a dash (-).
in another Foreign Country	EDRS will auto-populate a dash (-).
in an unknown Foreign Country	EDRS will auto-populate a dash (-).
unknown	EDRS will auto-populate UNK.

23 Zip Code

Enter the zip code or postal code associated with the decedent's residence entries in Fields 20, 21 and 22.

A US zip code entry must be a minimum of five digits, but a 5 digit zip code plus 4 digit extension. US 5 digit Zip Codes may only include numbers. A dash (-) is acceptable when there is no zip code. US 4 digit Zip Code extensions may be blank or may only include numbers. Foreign Postal Codes must be alphanumeric. A dash (-), period (.) is acceptable punctuation. The maximum is 9 characters. A dash (-) is acceptable when there is no postal code.

What to do...

If the decedent resided ...	Then ...
in a US state or US Territory	enter a 5 digit zip code. A dash (-) is acceptable when there is no zip code. The 4 digit zip code extension is optional.
in Canada, Mexico, or Other Foreign Country	you may enter a foreign postal code up to 9 characters, if known. Enter a dash (-) if a foreign postal code is not available.
in an unknown zip code	enter a dash (-).

24 Years in County

Enter the total number of years the decedent lived in the county/province listed in Field 22. Years in County must be numeric, UNK if unknown, or a dash (-) if no information is available. Round the entry to the nearest full year, unless it would make the number of years in the county/province exceed the decedent's age.

What to do...

If ...	And years in county/province is ...	Then enter ...
US State/US Territory/Canada	less than 12 months	0.
US State/US Territory/Canada	years	Enter the number of years.
US State/US Territory/Canada	unknown	UNK.
Mexico/Other Country/unknown address type	not applicable	a dash (-).

25 State/Foreign Country

Select the appropriate address type from the dropdown in Field 25. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the state/foreign country.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.

unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.

25A Homeless Checkbox

Determining if a Decedent May Have Been Experiencing Homelessness

The following table can be used to determine if an individual was experiencing homelessness at time of death.

Enter whether the decedent was homeless at the time of death as appropriate from the list of options.

Homeless is defined as lacking a fixed, regular, and adequate nighttime residence and can either be Sheltered, Unsheltered, or In Institution

Select...	When...
'Yes'	the decedent was homeless at time of death (can be unsheltered, sheltered, or in institution from HUD definition of literally homeless)
'No'	the decedent was not homeless at time of death
UNK or 'Unknown'	it remains unknown whether decedent was homeless at time of death, despite investigation and informant report.

If YES is selected in 25A, another field will appear with drop-down options. Select option that best describes homeless status of decedent at the time of death.

Category	Select in Field	Definition/Criteria
Unsheltered Homeless	"Unsheltered"	Lacked a fixed, regular, and adequate nighttime residence: residing in place not meant for human habitation.
Sheltered Homeless	"Sheltered"	Lacked a fixed, regular, and adequate nighttime residence: residing in a publicly or privately operated

Category	Select in Field	Definition/Criteria
		shelter designated to provide temporary living arrangements. May include congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs, or “couch surfing”.
In Institution	“In Institution”	Lacked a fixed, regular, and adequate nighttime residence: in an institution where the decedent would have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. Examples include: <ul style="list-style-type: none"> • Foster care home or foster care group home • Hospital or other residential non-psychiatric medical facility • Jail, prison, or juvenile detention facility • Long-term care facility or nursing home • Psychiatric hospital or other psychiatric facility • Substance abuse treatment facility or detox center

26 Informant Name and Relationship

Informant Relationship

The informant is the person providing the personal data about the decedent. Select the blood, legal, or other relationship of the informant to the deceased from the dropdown. Informant's Relationship must be alphabetic. A dash (-) is acceptable punctuation. The available options are as follows:

- Husband
- SRDP
- Spouse
- Wife
- Father
- Mother
- Brother
- Daughter
- Friend
- Granddaughter
- Grandson
- Neighbor
- Sister

- Son
- Other

If OTHER is selected, a subsequent text field will populate. Enter the desired relationship type as provided by the informant in this field. Avoid derogatory or nonsensical entries.

Informant Name

Enter the first, middle and last names of the informant in the appropriate fields. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

- First Name
- Middle Name
- Last Name

Suffix

Select the appropriate suffix for the informant from the dropdown. If the informant does not have a suffix, this field may be left as a double dash (--).

What to do...

If ...	Then enter ...
the informant has only one name	the name in the last name field and enter a dash (-) in first and middle name fields.
this is a pending medical examiner/coroner's case and no informant has been located	medical examiner/coroner's name.
this is a pending medical examiner/coroner's case and an informant is identified later	the informant's name may be added later via an amendment form (VS 24).
this is a public administrator's case, where the public administrator is listed as the original informant, and informant is identified later	the informant's name may be added later via an amendment form (VS 24).
a pre-need contract was provided by the deceased prior to death	the name of the person designated by the decedent to handle the disposition.
pre-need is entered erroneously	the survivors may provide a copy of the erroneous certificate of death (that indicates he/she pre-deceased the decedent on record) to amend the death certificate.

27 Informant Mailing Address

Enter the informant's mailing address in Field 27.

There are seven subfields within Field 27:

- Mailing Address Type
- State/Province
- Street Number
- Street Name
- Apt/Suite/Unit (Optional)
- City
- Zip Code

This address may be a post office box number. The information is used to contact the informant to request missing and/or additional information.

Mailing Address Type

Select the appropriate address type from the dropdown in Field 27. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK

- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the state/foreign country.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.

Street Number (optional)

This subfield may be left blank. Enter the Street number if the informant's address included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation.

- 123
- 123B

Street Name (required)

Enter the street name of the informant's address. If the informant's address is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. Street name must be alphanumeric. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

Latitude and longitude coordinates are acceptable entries and may be useful for rural areas where a postal box is used for an address, for homeless individuals, etc.

Apt/Suite/Unit (optional)

This subfield is optional and may be left blank. Enter the Apt/Suite/Unit if the informant's address included an apartment, suite, or unit number. Only alphanumeric entries are acceptable in this subfield. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

City

Enter the name of the city associated with the informant's mailing address. City must be alphanumeric. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

Zip Code

Enter the informant's zip code or postal code associated with the informant's mailing address. A US zip code entry must be a minimum of five digits, but a 5 digit zip code plus 4 digit extension. US 5 digit Zip Codes may only include numbers. A dash (-) is acceptable when there is no zip code. US 4 digit Zip Code extensions may be blank or may only include numbers. Foreign Postal Codes must be alphanumeric. A dash (-) or period (.) is acceptable punctuation. The maximum is 9 characters. A dash (-) is acceptable when there is no postal code.

If address information is not available, a dash(s) is acceptable.

28, 29, & 30 Name of Surviving Spouse/SRDP

Enter the Surviving Spouse/SRDP names at birth in the appropriate fields.

- 28 First
- 29 Middle
- 30 Last (Birth) Name

Spouse name Fields 28, 29 and 30 depends on the marital status selected in Field 12. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

Suffix

Select the appropriate suffix for the spouse from the dropdown. If the spouse does not have a suffix, this field may be left as a double dash (--).

What to do...

If ...	Then enter...
the decedent was married or in a SRDP at the time of death	the name of the surviving spouse/SRDP.
there is no surviving spouse/SRDP	a dash (-) in Field 28 and Field 29 and Field 30.
the spouse/SRDP dies simultaneously	the name of the spouse/SRDP in Field 28 and Field 29 and Field 30. Also select Married/Wid or SRDP/SURV in Field 12.
the surviving spouse/SRDP only has one name	a dash (-) in Field 28 and Field 29 and the name in Field 30.

What to do...

If Field 12 is ...	Then Fields 28, 29, 30 ...
Never Married	a dash (-) is auto-populated and spouse fields are not editable.
Married	enter the spouse's name in Fields 28, 29 and 30. If spouse's name is not available, enter dash(es) (-) as appropriate.
Widowed	a dash (-) is auto-populated and spouse fields are not editable.
Divorced	a dash (-) is auto-populated and spouse fields are not editable.
Married/Wid	enter the spouse's name in Fields 28, 29 and 30. If spouse's name is not available, enter dash(es) (-) as appropriate.
SRDP	enter the SRDP's name in Fields 28, 29 and 30.
SRDP SURV	enter a dash (-) in Fields 28, 29 and 30.
SRDP/SURV	enter the partner's name in Fields 28, 29 and 30. If partner's name is not available, enter dash(es) (-) as appropriate.
UNKNOWN	enter a dash (-) in Fields 28, 29 and 30.

If marital status is amended, spouse fields (Fields 28, 29, 30) may also need to be amended.

31, 32, & 33 Father/Parent's Legal Names

Enter the Father/Parent's legal names in the appropriate fields. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. Withheld is not an option.

- 31 First
- 32 Middle
- 33 Last

Legal names for purposes of vital records are those acquired through birth, adoption, court-ordered name change, marriage, or naturalization.

Suffix

Select the appropriate suffix for the father/parent from the dropdown. If the father/parent does not have a suffix, this field may be left as a double dash (--).

What to do...

If ...	Then enter...
the father/parent does not have a middle name	a dash (-) in Field 32.
the father/parent has long or multiple names and additional space is necessary	as many characters as permitted by available space. If additional space is needed, submit an Affidavit to Amend a Record (VS 24e) to record the full legal name.
the father/parent has only one name	a dash (-) in Field 31 and Field 32 and the name in Field 33.
the father's/parent's first, middle or last name is unknown	UNKNOWN or UNK in the appropriate field.
there is no father listed on the decedent's birth certificate	a dash (-) in Fields 31-34 is acceptable

34 Father/Parent's Birth State or Foreign Country

Select the appropriate birth place address type from the dropdown in Field 34. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the birth state/foreign country.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.
born on the high seas	Other Country UNK . No further action is needed. FRN-UNK will print on the death certificate.

35, 36, & 37 Mother/Parent's Legal Birth Names

Enter the Mother/Parent's legal names in the appropriate fields. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. Withheld is not an option.

- 35 First
- 36 Middle
- 37 Last (Birth) Name

Definition: Birth name is the parent's name prior to any marriages.

Legal names for purposes of vital records are those acquired through birth, adoption, court-ordered name change, or naturalization.

Suffix

Select the appropriate suffix for the mother/parent from the dropdown. If the mother/parent does not have a suffix, this field may be left as a double dash (--).

What to do...

If ...	Then enter...
the mother/parent does not have a middle name	a dash (-) in Field 36.
the mother/parent has long or multiple names and additional space is necessary	as many characters as permitted by available space. If additional space is needed, submit an Affidavit to Amend a Record (VS 24e) to record the full legal name.
the mother/parent has only one name	a dash (-) in Field 35 and Field 36 and the name in Field 37.
the mother's/parent's first, middle or last name is unknown	UNKNOWN or UNK in the appropriate field.

38 Mother/Parent's Birth State or Foreign Country

Select the appropriate birth place address type from the dropdown in Field 38. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the birth state/foreign country.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.
born on the high seas	Other Country UNK . No further action is needed. FRN-UNK will print on the death certificate.

39 Date of Disposition

DO NOT leave this field blank.

Select the date the disposition will take place from the calendar tool or enter the date in MM/DD/YYYY format.

What to do...

If ...	Then enter ...
the remains are to be removed from California	the date the remains will be shipped out of California jurisdiction.
the remains are to be used for scientific or medical research	the date the remains will be accepted by the facility or curator.
the remains are to be cremated	the date to be cremated.
the remains are to be cremated and shipped to another location	the date of cremation. Only the date of cremation is necessary to file the death certificate and obtain a permit. The certificate must be amended if the date of cremation changes or the cremation did not occur.
the remains are to be cremated and buried	the date of cremation.
the remains are put into temporary storage	the date stored.
the death is a medical examiner/coroner's case and final disposition is pending	a dash (-).
buried (land or sea)	the date buried.

40 Place of Final Disposition

Information in this field should reflect the place of final disposition. You may enter both a name/description and an address. At minimum, name/description or a complete address is required. A complete address includes street name, city, state, and zip code.

The place of disposition is an address sufficient to identify the final place of disposition. It may include any of the following:

- latitude (enter appropriate degree) and longitude (enter appropriate degree) for burial at sea or scattering of cremains
- location where the remains are to be shipped if removed from California
- facility address if the body is donated for scientific use
- cemetery address if the remains are buried. Cemetery means any one, or a combination of more than one of the following in a place used, or intended to be used, and dedicated for cemetery purposes:
 - a burial park (cemetery), for earth interment
 - a mausoleum, for crypt or vault interment
 - a columbarium for cinerary interment

REFERENCE: Health and Safety Code Section [7003](#)

There are eight subfields within Field 40:

- Place of Final Disposition Name or Description
- Address Type
- State/Province
- Street Number
- Street Name
- Apt/Suite/Unit
- City
- Zip Code

Place of Final Disposition Name or Description

Enter the name of the facility, or person controlling the cremains.

Place of Final Disposition Name or Description must be alphanumeric. A dash (-), period (.), comma (,), colon (:), semicolon (;), apostrophe ('), forward slash (/), or ampersand (&) are acceptable punctuation.

Address Type

Select the appropriate address type for the place of final disposition from the dropdown in Field 40. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country

- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the place of final disposition.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.
Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.

Street Number (optional)

This subfield may be left blank. Enter the Street number if the place of final disposition included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation.

- 123
- 123B

Street Name (required)

Enter the street name for the place of final disposition. If the place of final disposition is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. Street name must be alphanumeric. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

Latitude and longitude coordinates are acceptable entries and may be useful for rural areas where a postal box is used.

A post office box address is not acceptable.

Apt/Suite/Unit (optional)

This subfield and may be left blank. Enter the Apt/Suite/Unit if the place of final disposition includes an apartment, suite, or unit number. Only alphanumeric entries are acceptable in this subfield. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

City

Enter the name of the city associated with the place of final disposition. City must be alphanumeric. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

Zip Code

Enter the zip code or postal code associated with the place of final disposition.

A US zip code entry must be a minimum of five digits, but a 5 digit zip code plus 4 digit extension. US 5 digit Zip Codes may only include numbers. A dash (-) is acceptable when there is no zip code. US 4 digit Zip Code extensions may be blank or may only include numbers.

Foreign Postal Codes must be alphanumeric. A dash (-) or period (.) is acceptable punctuation.

The maximum is 9 characters. A dash (-) is acceptable when there is no postal code.

What to do...

If ...	Then enter...
the cremated remains are to be scattered at sea off the California coast, in a cemetery rose garden, or on private property (with the written permission of the property owner)	a description/address to identify the district of disposition, e.g., At Sea Off the Coast of Marin County; or Forest Lawn Cemetery, Point Reyes, CA 94956.
scattering is to be done in another State	the location or address of the scattering.
the cremated remains are to be returned to the family	RESIDENCE: or RES: and the person's name and complete address (street name and number, city, state, and zip code).
the cremated remains are to be disposed of in more than one location, e.g. retained by two or more family members at separate locations	the address/location associated with the person with authority to dispose of the cremains. A permit must be purchased for each location if the cremains are disposed of in more than one location, even when only one address/location is listed on the certificate.
the cremated remains are being shipped to a mortuary outside of California for a family member residing out-of-state and the address is unknown	the name and address of the out-of-state mortuary or person assuming control of the remains.
the body is donated for scientific use	the name and address of the facility.
the remains will be temporarily stored	the facility address.
the death is a pending medical examiner/coroner's case	a dash (-).
the body is to be disposed of by burial at sea	enter the appropriate latitude and longitude.

41 Type of Disposition(s)

Select the type of disposition, or combination of dispositions, from the EDRS dropdown. Choose the selection that includes all intended dispositions, including those that are out-of-state, in the order that they are to occur. Death certificates must be amended to reflect any change in type of disposition.

REFERENCE: Health and Safety Code Sections [7001](#) through [7025](#).

Authorized dispositions

TRANSIT is only used when the remains/cremains are to be transported out of California.

Type of Disposition (Dropdown)	Definition	Printed on DP and DC output
Alkaline Hydrolysis	Alkaline hydrolysis is a process that uses water, alkalinity, and heat to reduce a body to its final mineral bone remains.	ALKALINE HYDROLYSIS
Burial	Burial in a cemetery, interment, entombment, cryogenic suspension.	BURIAL
Burial at Sea	Burial of whole bodies at sea as permitted by specific state and federal laws.	BURIAL AT SEA
Cremated in California /Transit/ Scatter	Cremation, followed by transit out of state for scattering of cremains at sea or over land.	CREMATE/TRANSIT /SCATTER
Cremation	Cremation, when none of the other cremation categories apply or more than one of the other cremation categories apply.	CREMATION
Cremation/Burial	Cremation, followed by burial of the cremains.	CREMATE/BURIAL
Cremation/ Religious Shrine	Cremation, followed by placement of the cremains in a religious shrine or church** location.	CREMATE/ RELIGIOUS SHRINE
Cremation/ Residence	Cremation, followed by placement of the cremains in one or more family residences.	CREMATE/ RESIDENCE
Cremation/Scattering Ashes Over Land	Cremation, followed by scattering ashes over private or public property in California*	CREMATE/SCATTER ON LAND
Cremation/ Scattering at Sea	Cremation, followed by scattering of ashes at sea 500 yards or more off the coast of California.	CREMATE/SCATTER AT SEA
Cremation/Transit/ Burial	Cremation, followed by transit out of State for Burial.	CREMATE/TRANSIT /BURIAL
Cremation/Transit/ Religious Shrine	Cremation, followed by transit out of State for placement in a religious shrine or church** location.	CREMATE/TRANSIT /RELIGIOUS SHRINE
Cremation/Transit/ Residence	Cremation, followed by transit out of State for placement in a Residence.	CREMATE/TRANSIT /RESIDENCE
Pending Coroner's Investigation	Remains are held pending a Coroner's investigation. A subsequent Disposition Permit will be needed.	PENDING CORONER INVESTIGATION
Religious Shrine	Placement in a religious shrine or church** location.	RELIGIOUS SHRINE
Scientific Use	A decedent's entire body is donated for medical research under the Uniform Anatomical Gift Act***	SCIENTIFIC USE

Type of Disposition (Dropdown)	Definition	Printed on DP and DC output
Temporary Envaultment	Remains are envaulted pending further disposition decisions. A subsequent Disposition Permit will be needed. Does not include Coroner's cases.	TEMPORARY ENVAULTMENT
Transit	Shipping remains or cremated remains out of California, usually to a mortuary or crematory. Subsequent disposition will occur in the new location.	TRANSIT
Transit/Burial	Shipping remains out of State for Burial.	TRANSIT/BURIAL
Transit/Cremated outside of California/Scattered at Sea	The decedent's body is shipped out of State for cremation followed by scattering ashes at sea. Final details are handled under the laws of the destination state or country.	TRANSIT/ CREMATE/ SCATTER
Transit/Cremation/ Burial	The decedent's body is shipped out of State for cremation followed by burial. Final details are handled under the laws of the destination state or country.	TRANSIT/ CREMATE/ BURIAL
Transit/Cremation/ Religious Shrine	The decedent's body is shipped out of State for cremation followed by placement of the cremains in a religious shrine or church. Final details are handled under the laws of the destination state or country.	TRANSIT/ CREMATE/ RELIGIOUS SHRINE
Transit/Cremation/ Residence	The decedent's body is shipped out of State for cremation followed by placement of the cremains in one or more residences. Final details are handled under the laws of the destination state or country.	TRANSIT/ CREMATE/ RESIDENCE
Transit/Religious Shrine	The decedent's remains are shipped out of State for placement in a religious shrine or church. Final details are handled under the laws of the destination state or country.	TRANSIT/ RELIGIOUS SHRINE
Transit/Scientific	A decedent's entire body is donated for medical research under the Uniform Anatomical Gift Act*** and is Transported out of State to the scientific institution.	TRANSIT/ SCIENTIFIC USE

*Scattering over land generally requires written permission of the land owner. Legal requirements governing public land should be researched.

**Cremated remains may be kept in a church or religious shrine upon written permission from the religious shrine and if no conflict exists with local use permit requirements or zoning laws.

*****When the disposition is for *Scientific Use*, only an officer of a duly accredited medical college or a funeral director may remove a body from one registration district to another**

prior to filing a death certificate and obtaining a permit. The death certificate must be filed and the permit obtained within the eight-day mandate.

REFERENCE: Health and Safety Code Section [102775](#).

42 and 43 Signature of Embalmer and Embalmer's License Number

Utilize the dropdown in Field 42 to designate whether or not the decedent was embalmed. If the decedent was not embalmed, select **NO** from the dropdown. EDRS will automatically populate NOT EMBALMED in the Signature of Embalmer Last Name subfield and a dash (-) in Field 43 (Embalmer's License Number).

If the decedent was embalmed, select **YES** from the dropdown. Utilize the magnifying glass icon adjacent to First Name in Field 42 to access the Embalmer Browser. Search for the embalmer by first name, last name or license number. Select the desired embalmer to auto-populate Fields 42 and 43.

If the embalmer cannot be located within the Embalmer Browser, manually enter the embalmer's information into the appropriate fields.

Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. If the embalmer does not have a first or middle name, enter a dash (-). The dash will not print on the certificate.

Embalmer License Number must be EMB followed by a number. No spaces, hyphen or other punctuation.

REFERENCE: Health and Safety Code Section [102805](#) and Business and Professions Code [7649](#)

What to do...

If ...	Then ...
the body is later embalmed	use a VS 24 (Affidavit to Amend a Record) to add the printed or typed name and license number of the embalmer.

Embalmer's certification

The embalmer or authorized agent must electronically attest the certificate if Fields 42 and 43 indicate embalming has occurred.

Once the embalmer or authorized agent electronically attests to the certificate, Fields 42 and 43 are locked and no changes may be made. If an error in either Field 42 or 43 is discovered prior to registration, the FD tab can be unlocked to remove the embalmer name. If an error is discovered after registration, changing or deleting an embalmer certification requires an amendment under the direction of a court order.

44 Name of Funeral Establishment

Utilize the magnifying glass icon adjacent to Field 44 to access the Funeral Director Browser. Search for the funeral establishment by name or license number. Select the desired funeral establishment to auto-populate Fields 44 and 45. If the funeral establishment cannot be located within the Funeral Director Browser, manually enter the information into the appropriate fields. Funeral Establishment Name must be alphabetic. A dash (-), period (.), apostrophe ('), or ampersand (&) is acceptable punctuation.

Abbreviations in the funeral establishment name must allow for unambiguous identification of the funeral establishment.

If a family member, friend, or acquaintance is personally handling the California disposition or transportation of the decedent, enter the person's name in Field 44.

Licensing requirements

Funeral businesses and directors not licensed in California cannot conduct business or hire an unlicensed representative to conduct business within California.

Transport companies, removal services and other similar entities, are not permitted to conduct funerary business for firms not licensed by the State of California.

Coroners/medical examiners, state-appointed curators, cryonic facilities, etc., are not required to hold a funerary license.

45 Funeral Establishment License Number

Utilize the magnifying glass icon adjacent to Field 45 to access the Funeral Director Browser. Search for the funeral establishment by name or license number. Select the desired funeral establishment to auto-populate Fields 44 and 45. If the funeral establishment cannot be located within the Funeral Director Browser, manually enter the information into the appropriate fields. Funeral Establishment License Number must be FD followed by a number. No spaces, hyphen or other punctuation. NONE is acceptable when no Funeral Home is involved.

The number entered in Field 45 should be that of the funeral establishment, not the funeral director.

If the decedent's relative, friend, or acquaintance is personally handling the California disposition or transportation of the decedent, enter the word NONE in Field 45.

REFERENCE: Business and Professions Code Section [7616](#)

46 Signature of Local Registrar

The local registrar shall review each death certificate for accuracy and completeness. If the certificate is acceptable, the certificate is locally registered (STATUS = SUBM SR). At this time, *Field 46 (Signature of Local Registrar), Field 47 (Date Registered) and the Local Registration Number* are assigned to the certificate. If the certificate is not acceptable, the certificate is returned to the funeral establishment for correction (STATUS = INC).

Upon local registration, corrections or additions can only be made via the amendment process. For specific information regarding amendment procedures, refer to the Amendment Section of the handbook.

REFERENCE: Health and Safety Code Sections [102140](#) and [102305](#)

47 Registration Date

The local registrar shall review each death certificate for accuracy and completeness. If the certificate is acceptable, the certificate is locally registered (STATUS = SUBM SR). At this time, *Field 46 (Signature of Local Registrar), Field 47 (Date Registered) and the Local Registration Number* are assigned to the certificate. If the certificate is not acceptable, the certificate is returned to the funeral director for correction (STATUS = INC).

REFERENCE: Health and Safety Code Section [103550](#)

Place of Death (Fields 101-106)

101 Place of Death

Enter the hospital, facility, or other location where the event occurred.

Use the browser in Field 105 to select the hospital or facility for the following:

- DOA or ER/OP or IP was selected in Field 102/103
- If Hospice was selected in Field 102/103
- If Nursing Home/LTC was selected in Field 102/103

Selecting the facility for one of the options will auto-populate Field 101 and all subfields of Fields 105 and 106.

If DECEDENT'S HOME was selected in Field 102/103, the text RESIDENCE will auto-populate Field 101 and the decedent's address will auto-populate all subfields of Field 105, or you can manually enter an address.

If a family residence is indicated in this item, the relationship to the deceased should be specified, e.g., residence; wife's residence; daughter's residence; son's residence, etc. The name of the family member does not have to be indicated.

If OTHER was selected in Field 102/103, and the event occurred in any location not described above, for example a park, or a mall, hotel, etc., manually enter a description of the place of death in Field 101 and the address in all subfields of Field 105. If the body was found, that fact should be specified.

Acceptable Entries:

- Latitude and longitude coordinates
- Descriptive terms such as a geographic location, e.g., Mojave Desert; under 3rd Street Bridge; Balboa Park, etc.

Place of Death must be alphanumeric. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

In the event a facility name or address has changed or is no longer correct, contact the Death Registration Help Desk at (916) 552-8123 or EDRSHelp@cdph.ca.gov.

DEATHS OCCURRING IN TRANSIT

What to do...

If the death occurred ...	Then in Field	Enter ...
in an airplane	101	airplane.
	104	the county/jurisdiction having jurisdiction over the city where the airport of destination is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	the city where the airport of destination is located.
on a ship at sea	101	ship.
	104	the county/jurisdiction having jurisdiction over the city where the port of call (City) is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	Port of Call (City).
in a bus, car, train, or ambulance	101	bus, car, train, or ambulance, as appropriate.
	104	the county/jurisdiction where the death occurred or the first stop.
	105	indicate the nearest cross streets or position on highway (e.g. x miles east on US 40). Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the city.
in an unincorporated and/or rural area	101	describe the place of death.
	104	the county/jurisdiction where the death occurred.
	105	a geographic description. Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the name of the closest city or town within the district of death, preceded by "Rural" (e.g., Rural "Metro Town").

102 & 103 If Hospital, Specify One/If Other Than Hospital, Specify One

Fields 102 and 103 are combined into one dropdown. Select one option only for the type of facility or residence in which the event occurred.

If the death occurred or was pronounced in a licensed acute care hospital, make the appropriate selection from the dropdown. The available options are:

Licensed Acute-Care Hospital Deaths

- **DOA** – dead on arrival
- **ER/OP** – emergency room or outpatient
- **IP** – inpatient

Other Than Hospital Deaths

- **DECEDENT'S HOME**
- **HOSPICE** – a home providing care for the sick or terminally ill.
- **NURSING HOME/LTC** (LTC = Long Term Care) – a home/facility providing care for the sick/terminally ill, rehabilitative/restorative, and/or ongoing skilled nursing care to patients/residents in need of assistance with activities of daily living.
- **OTHER**– none of the above responses are appropriate.

REFERENCE: Health and Safety Code Section [1250](#)

104 County/Jurisdiction of Death

WARNING: Please be certain the COUNTY/JURISDICTION of death is correct BEFORE registration. COUNTY/JURISDICTION of death cannot be amended. If the COUNTY/JURISDICTION is not correct, the original death certificate will need to be administratively sealed and a replacement death certificate with the correct county/jurisdiction will be required.

Field 104 is auto-populated with information entered during certificate creation. Ensure the entry reflects the proper jurisdiction where the event occurred. If incorrect, use the **Edit Decedent Information** menu option.

The entry must reflect the name of the county/jurisdiction where:

- the death occurred
- the body was found
- the body was brought (the first port of call if death occurred at sea or en route via airplane)

Long Beach, Pasadena, & Berkeley

Special care must be taken when the event occurs in the cities of Long Beach and Pasadena in Los Angeles County OR Berkeley in Alameda County. These cities are *local* health jurisdictions.

What to do . . .

If the death occurred in the city of ...	Then in Field	Select ...
unincorporated Pasadena (not within city limits)	104	Los Angeles
incorporated Pasadena (within city limits)	104	Los Angeles - Pasadena
Long Beach	104	Los Angeles - Long Beach
Berkeley	104	Alameda - Berkeley

DEATHS OCCURRING IN TRANSIT

What to do...

If the death occurred ...	Then in Field	Enter ...
in an airplane	101	airplane.
	104	the county/jurisdiction having jurisdiction over the city where the airport of destination is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	the city where the airport of destination is located.
on a ship at sea	101	ship.
	104	the county/jurisdiction having jurisdiction over the city where the port of call (City) is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	Port of Call (City).
in a bus, car, train, or ambulance	101	bus, car, train, or ambulance, as appropriate.
	104	the county/jurisdiction where the death occurred or the first stop.
	105	indicate the nearest cross streets or position on highway (e.g. x miles east on US 40). Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the city.
in an unincorporated and/or rural area	101	describe the place of death.
	104	the county/jurisdiction where the death occurred.
	105	a geographic description. Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the name of the closest city or town within the district of death, preceded by "Rural" (e.g., Rural "Metro Town").

105 Facility Address or Location Where Found

If a **hospital, hospice** or **nursing home/LTC** facility was selected from the dropdown in Field 102/103 and the facility was selected in Field 101, Field 105 will auto-populate with the appropriate information.

If **decedent residence** or **other** was selected, enter the full street or rural address or a descriptive location where the event occurred or the body was found. A physical address or description or latitude and longitude coordinates are acceptable when the location has no defined address.

Acceptable entries

- Willow Pass Road, approximately 3/4 mile west of Elk Grove
- Airline en route to Los Angeles
- Latitude 33.1376, Longitude -107.5781

Unacceptable entries

- General delivery
- PO Box numbers

There are four subfields within Field 105.

- Street Number
- Street Name
- Apt/Suite/Unit
- Zip Code

Street Number (optional)

Enter the street number into the subfield only if the location where the event occurred or the body was found included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation.

- 123
- 123B

Street Name (required)

Enter the street name for where the event occurred or the body was found. If the place of death is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. Street name must be alphanumeric. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

Apt/Suite/Unit (optional)

When applicable, enter the Apt/Suite/Unit number for the location address. Only alphanumeric entries are acceptable in this subfield. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

Zip Code

Enter the zip code associated with the location address.

A US zip code entry must be a minimum of five digits, but a 5 digit zip code plus 4 digit extension is acceptable.

DEATHS OCCURRING IN TRANSIT

What to do...

If the death occurred ...	Then in Field	Enter ...
in an airplane	101	airplane.
	104	the county/jurisdiction having jurisdiction over the city where the airport of destination is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	the city where the airport of destination is located.
on a ship at sea	101	ship.
	104	the county/jurisdiction having jurisdiction over the city where the port of call (City) is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	Port of Call (City).
in a bus, car, train, or ambulance	101	bus, car, train, or ambulance, as appropriate.
	104	the county/jurisdiction where the death occurred or the first stop.
	105	indicate the nearest cross streets or position on highway (e.g. x miles east on US 40). Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the city.
in an unincorporated and/or rural area	101	describe the place of death.
	104	the county/jurisdiction where the death occurred.
	105	a geographic description. Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the name of the closest city or town within the district of death, preceded by "Rural" (e.g., Rural "Metro Town").

106 City

The city of death must be located within the county of death entered into field 104.

Enter the name of the city where:

- the death occurred
- the body was found
- the body was brought (the first port of call if death occurred at sea or en route via airplane)

Long Beach, Pasadena, & Berkeley

Special care must be taken when the event occurs in the cities of Long Beach and Pasadena in Los Angeles County OR Berkeley in Alameda County. These cities are *local* health jurisdictions.

What to do . . .

If the death occurred in the city of ...	Then in Field	Select ...
unincorporated Pasadena (not within city limits)	104	Los Angeles.
incorporated Pasadena (within city limits)	104	Los Angeles - Pasadena.
Long Beach	104	Los Angeles - Long Beach.
Berkeley	104	Alameda - Berkeley.

The death of a person at sea whose body is immediately buried at sea is not reported to the local registrar having jurisdiction over the first port of call. The death and burial should be reported to the embassy or nearest consulate having jurisdiction over the vessel or foreign waters. The U.S. Coast Guard may be contacted for vessels of U.S. registry.

What to do...

If the death occurred ...	Then in Field	Enter ...
in an airplane	101	airplane.
	104	the county/jurisdiction having jurisdiction over the city where the airport of destination is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	the city where the airport of destination is located.
on a ship at sea	101	ship.
	104	the county/jurisdiction having jurisdiction over the city where the port of call (City) is located.
	105	en route to (destination). Specify latitude (Lat.) and Longitude (Long.) coordinates.
	106	Port of Call (City).
in a bus, car, train, or ambulance	101	bus, car, train, or ambulance, as appropriate.
	104	the county/jurisdiction where the death occurred or the first stop.
	105	indicate the nearest cross streets or position on highway (e.g. x miles east on US 40). Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the city.
in an unincorporated and/or rural area	101	describe the place of death.
	104	the county/jurisdiction where the death occurred.
	105	a geographic description. Latitude (Lat.) and Longitude (Long.) coordinates acceptable.
	106	the name of the closest city or town within the district of death, preceded by "Rural" (e.g., Rural "Metro Town").

Cause of Death (Fields 107-113)

Cause of Death Overview

Refer to [Appendix E — Cause of Death Guidelines](#) in the Help References menu for additional guidance.

The Cause of Death (COD) section is prepared by the medical certifier and is used to certify the initiating, immediate and contributing cause(s) of death.

The California death certificate provides four fields (Fields 107A through 107D) for certifiers to provide information on the decedent's cause(s) of death.

If transcribing this information from a worksheet, for clarification of acceptable causes of death, contact your local health department. Avoid using abbreviations or acronyms and check spelling for unfamiliar terms. A dash (-), period (.), apostrophe (') is acceptable punctuation. The maximum is 120 characters for each line.

REFERENCE: Health and Safety Code Sections [102825](#), [102795](#)

107A Immediate Cause

Enter the immediate cause of death in Field 107A. Only one condition may be listed on this line.

107B Due to

List any diseases, injuries, or complication(s) that may have led to the immediate or direct cause of death as entered in Field 107A. When the certifier includes five or more CODs, more than one cause may be entered on this line, but all causes listed should fit within the approximate time frame listed in 107BT, or the time frame listed in 107BT should be the time frame for the cause of the longest duration listed in that line.

NOTE:

- Conditions listed in 107B, 107C and 107D must have been present before the cause listed in Field 107A with respect to both time and pathological relationship.
- If there are no other conditions, leave 107B, 107C, or 107D blank.

107C Due to

List any diseases, injuries, or complication(s) that may have led to the conditions reported in Fields 107A and 107B. When the certifier includes five or more CODs, more than one cause may be entered on this line, but all causes listed should fit within the approximate time frame listed in 107CT, or the time frame listed in 107CT should be the time frame for the cause of the longest duration listed in that line.

107D Due to

List any disease, injury, or complication(s) that may have led to the conditions reported in Fields 107A, 107B, and 107C. The time frame listed in 107DT should be the time frame for the cause of the longest duration listed in that line. This field may contain only one underlying cause of death or may be left blank.

107AT-107DT Time Intervals Between Onset and Death

The time intervals between causes for Items 107AT, 107BT, 107CT, and 107DT must be listed in chronological order and must be supported by etiological sequence. Do not leave these items blank. Time intervals must be alphanumeric. A dash (-) or period (.) is acceptable punctuation.

Examples:

- MINS
- 1 DAY
- 1 YR
- 10 YRS

The table below provides additional information for completing the time interval. Abbreviations are acceptable.

What to do...

If ...	Then ...
the onset of death is unclear or unknown	enter UNK .
a specific opinion is not possible	entries such as IMMED (immediate), INST (instant), SECS (seconds), HRS (hours), WKS (weeks), MTHS (months), YRS (years), etc., may be entered. Use abbreviations to fit in the space available.

Acceptable abbreviations:

- IMMED (immediate)
- INST (instant)
- SEC (second)
- SECS (seconds)
- MIN (minute)
- MINS (minutes)
- HR (hour)
- HRS (hours)
- DAY (day)
- DYS (days)
- WK (week)
- WKS (weeks)
- MO (month)
- MOS (months)
- YR (year)
- YRS (years)

108 Death Reported to Coroner?

California law requires certain deaths to be reported to the ME/coroner. Funeral homes and directors are among those responsible for referring cases to the ME/Coroner.

Once the record has been referred to the medical examiner (ME)/coroner, it cannot be reverted to NO (not referred).

By default, the value in Field 108 is NO. If the death is not referred to the coroner, no further action is required.

To refer the death certificate to the ME/coroner, select the REFER TO ME/CORONER option from the CERTIFICATES dropdown. Upon completion of the referral process, the NO (not referred) will update to YES on the certificate.

Refer to ME/Coroner is now subject to validations. Either the certifier must have attested and all fields 114-118 are complete or all fields 114-118 are blank, to be completed after referral.

Referral Number

A referral number is not mandatory. Do not enter a referral number unless the ME/coroner has taken action on the certificate. Coroner Referral Number must be alphanumeric. A dash (-) is acceptable punctuation.

If the ME/coroner:

- provides a referral number but has not entered it into the system, enter the number in this field.
- declines the case, the system will enter a NONE in this field.
- does not provide a referral number, enter NONE in this field.

What to do . . .

If ...	Then ...
the attending physician is unable to state the underlying cause of death	the ME/coroner must certify.
the death is due to an external cause	the ME/coroner must certify.
an attending physician is not available	the ME/coroner must certify.
the physician has attended the decedent, but not within the last 20 days	the ME/coroner may certify or may authorize the physician to certify. The ME/coroner may also certify in addition to the physician certification.
no physician has attended the decedent within the last 20 days	the ME/coroner may certify or may authorize the physician to certify. The ME/coroner may also certify in addition to the physician certification.
the death was due to natural causes and the decedent was attended by a physician within the last 20 days	the ME/Coroner is not required to certify. The attending physician must certify or may designate another physician to certify, providing the designee acts in consultation with the attending physician, and has access to the decedent's medical records.
The decedent was seen by a licensed physician assistant under the supervision of the physician last in attendance within the last 72 hours and was a patient in a skilled nursing center or intermediate care facility	the ME/Coroner is not required to certify. The licensed physician assistant may certify and should provide a copy of the death certificate to the ME/Coroner.

Medical Examiner/Coroner Referral Reasons

After selecting the REFER TO ME/CORONER option from the CERTIFICATES dropdown, the ME/Coroner's office having jurisdiction based on county of death in Field 104 will be selected by default. Select a reason from the list. Start typing the first few characters of the desired reason and select from refined list of results based on the typed information. Selecting the reason will auto-populate the referral reason field. Optionally, you may enter free text. Then click the 'continue' button.

Reportable Deaths (Coroner's Cases)

Health and Safety Code Section [102850](#)

A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- Without medical attendance.
- During the continued absence of the attending physician and surgeon.
- Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
- Where suicide is suspected.
- Following an injury or an accident.
- Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Section [GC-27491](#). (Relevant Sections)

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all:

- violent, sudden, or unusual deaths
- unattended deaths
- deaths wherein the deceased has not been attended by a physician in the 20 days before death

In addition, deaths related to or following:

- known or suspected self-induced or criminal abortion;
- known or suspected homicide, suicide, or accidental poisoning;
- deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent;
- deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome;
- death in whole or in part occasioned by criminal means;
- deaths associated with a known or alleged rape or crime against nature;
- deaths in prison or while under sentence;
- deaths known or suspected as due to contagious disease and constituting a public hazard;
- deaths from occupational diseases or occupational hazards;
- deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health;
- deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services;
- deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and

- any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

For purposes of inquiry, the body of one who is known to be dead from any of the causes or under any of the circumstances described in Section [27491](#) shall not be disturbed or moved from the position or place of death without permission of the coroner or the coroner's appointed deputy. Any violation of this subdivision is a misdemeanor.

REFERENCE: Health and Safety Code Section [102850](#), Government Code Section [27491.2\(b\)](#)

109 Biopsy Performed?

Was a biopsy performed for any of the conditions listed in Field 107?

Do not leave this field blank. Select YES or NO from the dropdown.

A biopsy refers to an examination of tissues removed from a living body to discover the presence, cause, or extent of a disease. This is to track ante-mortem tissue testing, not post-mortem tissue examination.

110 Autopsy Performed?

Do not leave this field blank. Select YES or NO from the dropdown. If YES is selected, you will be required to answer Field 111.

111 Used in Determining Cause?

If Field 110 is **NO**, no further action is required for Field 111. The system will not display Field 111.

If Field 110 is **YES**, Field 111 is displayed. Select YES or NO from the dropdown in Field 111, indicating whether or not a physician or medical examiner/coroner's office used an autopsy to make a determination as to the cause of death.

112 Other Significant Conditions Contributing to Death but Not Resulting in the Underlying Cause Given in 107

Do not leave blank. If no other conditions are known, then enter **NONE**. Ensure the most important conditions contributing to the death are listed first.

Enter all other significant conditions (e.g., important diseases, initiating events, etc.) that were present at the time of death, but did not lead to the underlying cause(s) listed in Field 107.

Other Significant Conditions must be alphanumeric. A dash (-), period (.), apostrophe ('), comma (,), or semicolon (;) is acceptable punctuation. If the case is pending a medical examiner/coroner's review, a single dash (-) is acceptable.

The initiating conditions present at the time of death may be completely unrelated to the other significant conditions, arising independently of each other, or they may be causally related to each other (e.g., one condition may lead to another which in turn leads to a third condition).

Significant conditions may include:

- the existence of any cancer
- any disease, abnormality, or injury believed to have adversely affected the decedent
- use of alcohol and/or other substances
- a recent pregnancy believed to have contributed to death
- a history of tobacco use that may have contributed to death

REFERENCE: Health and Safety Code Section [102825](#)

113 Was Operation Performed for Any Condition in Fields 107 or 112? (If yes, list type of operation and date)

Select **YES**, **NO** or **UNKNOWN** from the dropdown.

- If **YES** is selected, enter the type of operation(s) performed and the date(s) performed in the allotted space. Ensure the most important operations preceding the death are listed first. Include the date(s) performed in MM/DD/YYYY format. Operations Performed must be alphanumeric. A dash (-), period (.), apostrophe ('), comma (,), slash (/), or semicolon (;) is acceptable punctuation.
- If **NO** is selected, the system will auto-populate **NO** in Field 113.
- If **UNKNOWN** is selected, the system will auto-populate **UNK** in Field 113.

What to do . . .

If ...	Then enter ...
the exact date is unknown for any operation that occurred more than one year prior to the date of death	the estimated month and year only with dashes for the unknown day separated by forward slashes (e.g., 07/--/1998).
the month and day are unknown	enter the year with dashes for the unknown month and day separated by forward slashes (e.g., --/--/1998).
no estimate can be made	UNK.

113A If Female, Pregnant in Last Year?

This field is required if the decedent is between 5 years and 75 years of age, regardless of sex selected in Field 6.

This field will not appear if the decedent is:

- less than 5 years of age
- greater than 75 years of age

If the decedent is between 5 and 75 years of age, select YES, NO or UNKNOWN from the dropdown as appropriate to indicate if the decedent was pregnant within the year prior to death.

If YES is selected from the dropdown, an additional dropdown will require you to select from the following list:

- Pregnant at time of death
- Not pregnant at time of death but pregnant within 42 days of death
- Not pregnant at time of death but pregnant within 43 days to one year of death

If YES is selected from the dropdown, and the decedent is less than 10 years or greater than 54 years of age, EDRS will ask you to review and verify the decedent's data before registration.

If YES is selected from the dropdown, and the decedent's sex is not Female, EDRS will ask you to review and verify the decedent's data before registration.

The information may be obtained by the following:

- observation
- autopsy
- review of the medical record

A pregnancy test, autopsy, and/or review of the medical records are not required to complete the death certificate.

REFERENCE: Health and Safety Code Section [102875](#)

Physician's Certification (Fields 114-118)

114A and 114B Dates of Attendance

The physician or the physician's designee must supply the date the decedent was *first treated by the physician* and the date the decedent was *last seen alive by the physician*. The dates must be entered in MM/DD/YYYY format.

What to do . . .

If ...	Then ...
he decedent was last seen by the physician's licensed physician's assistant	enter the dates the licensed physician's assistant attended, not the dates the physician attended.
the decedent was last seen by a registered nurse, who is a member of a hospice care interdisciplinary team as defined by H&SC Sec. 1746	enter the dates the hospice team registered nurse attended, not the dates the physician attended.
the date of attendance is more than one year prior to the date of death and the exact date is unknown	enter the year with dashes for the unknown month and day separated by forward slashes (e.g., 07/--/1976, or --/--/1976). UNK is acceptable if the date is unknown.
the date of death is amended	the date last seen alive may need to be amended.

115 & 116 Signature and Title of Certifier & License Number

The signature, title and license number along with the fax phone number of the Medical Certifier are entered in the Request Remote Attestation screen.

To enter the Certifier's name and license, select the REQUEST REMOTE ATTESTATION option from the CERTIFICATES dropdown. Use the magnifying glass icon adjacent to the License Number field to access the Attending Physician Browser. Search for the certifier by first name, last name or license number. Start typing the first few characters of the license number, first name, and/or last name and select from refined list of results based on the typed information. Selecting the certifier will auto-populate the certifier's name and license number.

If the certifier cannot be located within the Attending Physician Browser, manually enter the certifier's name into the appropriate fields.

- First
- Middle
- Last Name

Certifier Name

The certifier's name and degree must be present in Field 115 of the death certificate. Names must be alphabetic. A dash (-), period (.), or apostrophe (') is acceptable punctuation. If the certifier does not have a first or middle name, enter a dash (-). The dash will not print on the certificate.

Suffix

Select the appropriate suffix for the certifier from the dropdown. If the certifier does not have a suffix, this field may be left as a double dash (--).

Degree/Title

Select the appropriate degree for the certifier from the dropdown.

License Number

Fields 114 - 118 may only be left blank if a medical examiner/coroner is attesting to the medical information on the certificate. The license number in Field 116 must be that of the person attesting to the medical information on the certificate.

If the certifier, including provisionally licensed physicians, does not have a California license, enter the state abbreviation followed by the license number (example NV12345). California License Numbers must be alphanumeric. Do not include spaces, dash (-), or other punctuation.

REFERENCE: Health and Safety Code Section [102800](#), [102795](#), [102825](#); ACL 08-23, ACL 12-02, ACL 13-19, ACL 15-22

Signatures

Retired physicians, chiropractors, midwives, and certified nurses are not authorized to certify to the facts of death.

The certifier shall provide a signature or electronic attestation for Field 115. Signatures should be contained within the field area provided. The signature, title and date must be legible and unambiguous. If signatures overlap into additional fields, they must not create ambiguity in that field. Unclear letters or numbers are cause for rejecting the attestation and the certificate.

Licensed Physician's Assistant (PA) may only sign in item 115 if ***all*** the following are true:

- PA last attended within 72 hours of date of death
- PA was under the supervision of a licensed M.D. or D.O. (as indicated in item 118), and
- Decedent was in a skilled nursing or intermediate care facility.

Per All County Letter (ACL) 15-22, death certificates submitted to the Local and State Registrar should not be rejected solely because a medical certifier neglects to include his or her title (e.g., MD, DO, or PA) when attesting to the certificate. The attestation shall be considered acceptable if the appropriate certifier has attested with his or her full name or customary signature equivalent, by ink or remote attestation.

Inclusion of the certifier's title is encouraged, as it assists state and local efforts to verify that the appropriate certifier attested. If absence of the certifier's title causes ambiguity, local registrars are encouraged to verify the attestation with the medical certifier.

REFERENCE: Health and Safety Code Section [102795](#) and ACL 15-22

Fax Attestation

Review the fax attestation by selecting the Review RA Media option from the Certificate Options dropdown. The fax image must conform to the following:

- The signature of medical certifier must be included in Field 115.
- The certifier's signature must be an original ink signature. It cannot be stamped or be a reproduced image of a signature.
- No alterations or additions are allowed on the page.
- All Medical Information must be legible.
- The signature and date (if provided) must be unambiguous.
- It is not necessary for certifiers to provide a date (EDRS automatically captures the date the certifier faxes the document into the system).
- When a date is provided, it cannot be prior to the date of death, nor after the date of local registration.

The fax attestation may not be used to make changes to the information shown on the death certificate. If the certifier desires changes, the changes must be incorporated into the death certificate before requesting an additional attestation.

A flawed fax attestation will result in certificate rejection.

REFERENCE: ACL 15-22

Voice Attestation

Review the voice attestation by selecting the Review RA Media option from the Certificate Options dropdown.

The voice attestation phrase must contain the following:

- Medical certifier's own name, spoken in certifier's own voice.
- First and last name of the decedent, as present on the certificate.
- Medical certifier must designate they are attesting to the accuracy of the cause of death information as provided on the certificate.

The license number phrase must state the following:

- Medical certifier's entire license number

The voice attestation may not be used to make changes to the information shown on the death certificate. If the certifier desires changes, the changes must be incorporated into the death certificate before requesting an additional attestation.

A flawed voice attestation will result in certificate rejection.

REFERENCE: ACL 13-19

117 Date Certifier Signed

Field 117 is the date the physician certified the accuracy of the information on the certificate. EDRS will auto-populate the date in Field 117 when the system accepts the certifier's attestation. Fields 114-118 may only be left blank if a medical examiner/coroner is attesting to the certificate.

118 Attending Physician's Name and Mailing Address

Utilize the magnifying glass icon for Field 118 to access the Attending Physician Browser. Search for the attending physician by first name, last name, or license number. Select the attending physician to auto-populate all subfields of Field 118.

If the attending physician cannot be located or is different than what is found within the browser, manually enter the attending physician's name and address into the appropriate subfields.

There are eleven subfields for Field 118, as follows:

- First Name
- Middle Name
- Last Name
- Suffix
- Degree/Title
- Mailing Address Type
- Street Number
- Street Name
- Apt/Suite/Unit
- City
- Zip Code

Attending Physician Name

Names must be alphabetic. A dash (-), period (.), or apostrophe (') are acceptable punctuation. If the attending does not have a first or middle name, enter a dash (-). The dash will not print on the certificate.

- First
- Middle
- Last Name

Suffix

Select the appropriate suffix for the attending from the dropdown. If the attending does not have a suffix, this field may be left as a double dash (--).

Degree/Title

Select the appropriate degree for the attending from the dropdown.

Attending Address

There are six subfields for attending's address within Field 118:

- Mailing Address Type
- Street Number
- Street Name
- Apt/Suite/Unit
- City
- Zip Code

This address may be a post office box number. The information is used to contact the attending to request missing and/or additional information.

Mailing Address Type

Select the appropriate address type from the dropdown in Field 118. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the state/foreign country.

Select the appropriate state, generally CALIFORNIA, from the dropdown.

Street Number (optional)

Enter the street number into the subfield for street number if the attending's mailing address included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation.

- 123
- 123B

Street Name (required)

Enter the street name of the attending's street mailing address. If the attending's mailing address is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

Apt/Suite/Unit (optional)

This subfield may be left blank. When applicable, enter the Apt/Suite/Unit number.

Apt/Suite/Unit must be alphanumeric. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

City

Enter the name of the city associated with the attending's mailing address. City must be alphanumeric. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

Zip Code

Enter the attending's zip code or postal code associated with the attending's mailing address. A US zip code entry must be a minimum of five digits, but a 5-digit zip code plus 4 digit extension.

Coroner's Use Only (Fields 119-128)

Only Medical Examiner/Coroners or ME/Coroner staff may enter injury information in Fields 119-125.

119 Manner of Death (Coroner's Use Only)

If the medical examiner/coroner has accepted the case, they are required to select a manner of death and certify the death certificate.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

Select the entry that most clearly describes the manner in which death occurred. The dropdown options are as follows:

- NATURAL
 - SUICIDE
 - HOMICIDE
 - ACCIDENT
 - PENDING INVESTIGATION
 - COULD NOT BE DETERMINED
-

NATURAL

Ordinarily, injury information should not be entered when the manner of death is **NATURAL**. However, at the coroner's discretion, a relevant entry may be made if circumstances compel.

SUICIDE, HOMICIDE, ACCIDENT

If the manner of death is **SUICIDE, HOMICIDE, ACCIDENT**, Fields 120 - 125 (injury information) must be completed and the medical examiner/coroner must certify the entries.

PENDING INVESTIGATION, COULD NOT BE DETERMINED

If the manner of death is **PENDING INVESTIGATION** or **COULD NOT BE DETERMINED**, Fields 120 - 125 should be completed if the information is available, at the discretion of the medical examiner/coroner's office. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

120 Injured at Work?

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

Select **YES** or **NO** or **UNKNOWN** from the dropdown when appropriate.

121 Injury Date

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

Select the appropriate date from the calendar icon, or enter the date of injury entered in Field 121.

The injury date and date of death may not necessarily be the same. The injury date may be earlier, or may be the same date as the death, but cannot be later than the date of death.

If ACCIDENT, SUICIDE, or HOMICIDE is selected in Field 119, the actual or estimated date of injury must be entered in Field 121.

If UNK was entered in Field 121, enter **UNK** in field 122.

What to do . . .

If ...	Then ...
the exact date of the injury is unknown	enter the estimated date and select EST from the dropdown.
the day is unknown	enter the estimated month and year with dashes for the unknown day separated by forward slashes (e.g., 07/--/1998).
the month and day are unknown	enter the year with dashes for the unknown month and day separated by forward slashes (/) (e.g., --/--/2010).
no estimate can be made	enter UNK .

122 Hour

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

Enter the actual or estimated time that the injury occurred, using the 24-hour clock. If estimate is used select EST from dropdown. If no estimate is possible, enter **UNK** for unknown.

If UNK was entered in Field 121, enter **UNK** in Field 122.

24-hour clock Please refer to the time conversion table below.

TIME CONVERSION TO 24-HOUR CLOCK

Regular Clock	24-Hour Clock	Regular Clock	24-Hour Clock
12:00 a.m.	0000	12:00 noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00a.m.	1000	10:00 p.m.	2200
11:00a.m.	1100	11:00 p.m.	2300
		11:59 p.m.	2359

123 Place of Injury

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 - 125, the medical examiner/coroner must certify the entries.

Select a general category for the type of place where the injury occurred. The available categories are as follows:

- FARM
- HOME
- INDUSTRIAL AND/OR CONSTRUCTION AREA
- NO INJURY
- OTHER SPECIFIED PLACES
- RESIDENTIAL INSTITUTION
- SCHOOL, OTHER INSTITUTIONAL OR PUBLIC ADMINISTRATIVE AREA
- SPORTS AND/OR ATHLETICS AREA
- STREET AND/OR HIGHWAY
- TRADE AND/OR SERVICE AREA
- UNSPECIFIED PLACE

If an appropriate category is not available from this list, select OTHER SPECIFIED PLACES or UNSPECIFIED PLACE and enter an appropriate description in the field adjacent to the dropdown. Place of injury must be alphanumeric. A dash (-), period (.), apostrophe ('), ampersand (&), parentheses () is acceptable punctuation. **Do not enter the name of a firm or organization.**

124 Describe How Injury Occurred

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

Briefly describe how the injury occurred, indicating the circumstances of the accident or injury. The description must be alphanumeric. A dash (-), period (.), comma (,), colon (:), semicolon (;), apostrophe ('), ampersand (&), parentheses (), or forward slash (/) is acceptable punctuation.

Gunshot deaths must be identified as rifle, shotgun, handgun, or as caused by a military connection involving a military weapon.

Motorcycle and automobile-related deaths must state whether the decedent was the driver, passenger, etc. Include available information regarding seatbelt use in automobiles.

The following are examples of brief descriptions:

- Decedent unrestrained driver in an auto-truck collision. Decedent crossed line and hit oncoming vehicle head on.
- Unrestrained passenger ejected from truck.
- Helmeted motorcyclist involved in a collision with another vehicle
- Inhaled carbon monoxide from auto exhaust through hose in an enclosed garage.
- Self-inflicted hanging by rope from rafters in decedent's home.
- Self-inflicted hanging by electrical cord in decedent's garage.
- Self-inflicted gunshot wound to the head with AR-15 Rifle.
- Self-inflicted gunshot wound to the chest with 9MM pistol.
- Self-inflicted incised wounds to the neck and wrist.
- Shot by another with .45 caliber revolver.
- Blunt force injuries with wrench by unknown assailant.
- Jumped off Benicia - Martinez Bridge.
- Decedent had a ground level fall while walking in own residence.
- Over ingested alcoholic beverages. Decedent's blood alcohol level was 0.450 grams percent.
- Overdose of injected methamphetamine and ingested opiates.
- Drowned in residential pool while under the influence of multiple illicit drugs.

125 Location of Injury

Fields 120-125 are the responsibility of the medical examiner/coroner.

Only the medical examiner/coroner or ME/Coroner staff may enter information in this field.

If any entry is made in any Field from 120 - 125, none of the other fields in this sequence (120 - 125) may be left blank. If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

Enter the complete address or other geographical description of the place where the injury occurred. Latitude and longitude coordinates are acceptable.

There are ten subfields for the location of injury:

- Location of Injury Description
- Address Type
- State
- Street Number

- Street Name
- Apt/Suite/Unit
- City
- State
- Zip Code
- Postal Code

You may enter both a location/description and an address. At minimum, location/description or a complete address is required. A complete address includes street name, city, state, and zip code.

Location of Injury Description

Enter a location of injury description. Latitude and longitude coordinates may be used. Location/Description must be alphanumeric. A dash (-), period (.), comma (,), colon (:), semicolon (;), apostrophe ('), forward slash (/) are acceptable punctuation.

Address Type

Select the appropriate address type for the location of injury from the dropdown in Field 125. The available options are:

- US State
- US Territory
- Canadian Province
- Mexican State
- Other Country
- Other Country UNK
- Unknown

After an address type has been designated, a subsequent field will populate, requesting further details regarding the location of injury.

What to do...

If ...	Then select...
US State	US State from the dropdown. Then select the appropriate state from the dropdown. The US state abbreviation will print on the death certificate.
US Territory	US Territory from the dropdown. Then select the appropriate territory from the dropdown. The US territory abbreviation will print on the death certificate.
Canadian Province	Canadian Province from the dropdown. Then select the appropriate province from the dropdown. The Canadian province abbreviation and CN will print on the death certificate.
Mexican State	Mexican State from the dropdown. Then select the appropriate state from the dropdown. The Mexican state abbreviation and MX will print on the death certificate.

Other Country	Other Country from the dropdown. Then use the reference browser (click on the magnifying glass icon) to select the foreign country. EDRS will populate the foreign country or foreign country abbreviation.
unknown US State	US State from the dropdown. Then select UNK from the dropdown. UNK will print on the death certificate.
unknown US Territory	US Territory from the dropdown. Then select Unknown from the dropdown. UNK will print on the death certificate.
unknown Canadian Province	Canadian Province from the dropdown. Then select Unknown from the dropdown. UNK, CN will print on the death certificate. Alternatively, you may leave the Canadian Province dropdown unselected (double dash) and CN will print.
unknown Mexican State	Mexican State from the dropdown. Then select Unknown from the dropdown. UNK, MX will print on the death certificate. Alternatively, you may leave the Mexican state dropdown unselected (double dash) and MX will print on the death certificate.
unknown Other Foreign Country	Other Country UNK from the dropdown. No further action is needed. FRN-UNK will print on the death certificate.
Unknown	Unknown from the dropdown. No further action is needed. UNK will print on the death certificate.

Street Number (optional)

Enter the street number into the subfield for street number if the location of injury included a street number. Street number must be alphanumeric. A dash (-), period (.), slash (/), or apostrophe (') are acceptable punctuation.

- 123
- 123B

Street Name (required)

Enter the street name of the location of injury. If the location of injury is a rural route address, or the address is being provided as latitude and longitude coordinates, use the street name subfield **only**. Street name must be alphanumeric. A dash (-), comma (,), period (.), hash (#), slash (/), or apostrophe (') are acceptable punctuation.

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat. 38.66204 Long. 121.510265

A post office box address is not acceptable.

Apt/Suite/Unit (optional)

This subfield may be left blank. Enter the Apt/Suite/Unit if the location of injury included an apartment, suite, or unit number. Only alphanumeric entries are acceptable in this subfield. A dash (-), period (.), slash (/), apostrophe ('), hash (#), comma (,), and parentheses (()) are acceptable punctuation.

- Apt 4B
- Ste 100

City

Enter the name of the city associated with the location of injury. City must be alphanumeric. A dash (-), period (.), or apostrophe (') is acceptable punctuation.

Zip Code

Enter the zip code or postal code associated with the location of injury.

A US zip code entry must be a minimum of five digits, but a 5-digit zip code plus 4 digit extension.

126 Signature of Coroner/Deputy Coroner

If entries are present in Fields 119 – 125, the medical examiner/coroner must certify the entries.

EDRS will auto-populate Field 126 with the electronic signature of the coroner/deputy coroner when the coroner/deputy coroner attests the record. The coroner/deputy coroner's office should alert the funeral home when attestation has been completed. **If the signature is not correct, please contact the EDRS help desk.**

127 Date

If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

EDRS will auto-populate Field 127 with the date the coroner/deputy coroner attests the record. The date will be inserted in MM/DD/YYYY format.

128 Typed Name, Title of Coroner/Deputy Coroner

If entries are present in Fields 120 – 125, the medical examiner/coroner must certify the entries.

EDRS will auto-populate Field 128 with the name and title of the coroner/deputy coroner attesting the record. **If the name or title is not correct, please contact the EDRS help desk.** The information will be entered by EDRS utilizing user profile information submitted by the medical examiner/coroner when he or she was authorized to use the system. The title entered in Field 128 on the death certificate should reflect the capacity in which the medical examiner/coroner is acting (i.e., the position held by the individual that provides the authority to certify the facts of death). The title of the certifier must be medical examiner, coroner, or deputy coroner. Any other title, such as a law enforcement title (e.g., sheriff, commander), which does not provide legal authority to certify the facts of death, should not be used unless the authorizing title is also used.

Court Order Delayed Registration of Death (VS 109)

Description

A Court Order Delayed Registration of Death is the means to register a California death when the event was not previously registered, or a certified copy is not available. A verified petition is filed by any beneficially interested person in either the county of residence of the person whose death is being established (does not have to be in California), or in the California county where the death was alleged to have occurred.

REFERENCE: Health and Safety Code Sections [103450](#), [103455](#) and [103465](#)

More information can be found at <https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>

Filing the VS 109

At the time of the hearing, the superior court must be presented with a completed Order Establishing Fact of Death/Court Order Delayed Registration of Death (VS 109) form. The VS 109 must be an original form. Photocopies are not acceptable.

After the court establishes the fact of death, the applicant must submit the following items to the State Registrar:

- Appropriate fee
- Certified copy of the Order Establishing Fact of Death (VS 109)
- Completed Court Order Delayed Registration of Death (VS 109)

NOTE: California Department of Public Health – Vital Records (CDPH-VR) will not return the court order after the death certificate is prepared. If any of these items are not included, the request will be returned to the submitter for correction.

REFERENCE: Health and Safety Code Sections 103485

Fees

Fees should be paid by check or money order, payable to CDPH-VR. International money orders for out-of-country requests should be payable in U.S. dollars.

Certified copy of court order

A certified copy of the court order must be a copy of the order that was originally prepared by the court. It cannot be an original printout. If the court gives an original printout, ask them to make a photocopy that includes:

- An original court seal.
- A signature (or signature stamp) of the judge.
- A signature (or signature stamp) of the court clerk.

The certified copy must have an original court seal and a signature (or signature stamp) of the court clerk. Documents containing photocopies of the court seal are not acceptable. The court seal, certification stamp with date and signature must appear on the Order Establishing the Fact of Death (front or back). Seals, certifications, and signatures provided on the Court Order Delayed Registration of Death or blank sheets of paper are not acceptable. The filed/endorsed

stamp provided in the top right corner of the court order is not the court clerk's certification. The applicant should make and keep a copy of the court order for his/her own record

Certified copy of certificate

Upon State registration, a certified copy of the certificate will be sent to the applicant. The State Registrar will also provide a local office copy of the court ordered delayed certificate to the local registrar and the county recorder in which the event occurred. Upon receipt, the local registrar may issue a disposition permit if necessary.

NOTE: Court ordered delayed death certificates should be indexed and filed with the other death certificates.

Amending court ordered delayed certificates

In the event that additional information needs to be added or modified on the court order delayed certificate, the affidavit form VS 24 should be used.

Established guidelines for amending standard death certificates may be used, however, only those fields listed on the court order delayed certificate may be amended.

Mass Fatalities

Overview

In the event of a mass fatalities incident, the law authorizes ME/Coroners to file a single verified petition with the superior court to judicially establish the fact, time, and place of death for individuals who die in a mass fatalities incident.

If remains are located, standard death certificates should be prepared for those individuals.

REFERENCE: Health and Safety Code Section [103450\(c\)](#)

Definition

The definition of a mass fatalities incident is a situation where any of the following conditions exist:

- There are more dead bodies than can be handled using local resources
- Numerous persons are known to have died, but no bodies were recovered from the site of the incident
- Numerous persons are known to have died, but the recovery and identification of the bodies of those persons is impracticable or impossible

The county coroner or medical examiner shall make this determination.

REFERENCE: Health and Safety Code Section 103451

Filing of petition with the clerk of the superior court

Upon filing of a petition for the determination of the fact of death in the event of a mass fatalities incident, the clerk shall set a hearing no later than 15 days from the date the petition was filed.

The petitioner shall make a reasonable effort to provide notice of the hearing to the known heirs of the deceased, up to the second degree of relationship. Failure to do so will not invalidate the judicial proceedings regarding the determination of fact of death.

REFERENCE: Health and Safety Code Section [103466](#)

Initial contact

The medical examiner/coroner or their designee should contact the State Registrar upon the determination of a mass fatality incident. The State Registrar will request that a list of all known fatalities be provided to the local and state registrar's offices. This list should be updated as additional information becomes available, including the type of certificate, court ordered or standard, that will be prepared for each decedent.

The State Registrar will work closely with the ME/Coroner and local registrar's office to ensure that all certificates are registered in an expedited manner and that only one certificate is registered for each fatality.

Obtaining forms

The local registration district and/or ME/Coroner should contact the State Registrar for verification of the latest version of the Court Order Delayed form and for assistance in obtaining a supply of the forms.

Standard certificates

The local registrar will be responsible for the registration of standard certificates for those fatalities where remains are located.

Completed standard certificates that have been registered by the local registrar are to be batched separately and forwarded to the State Registrar for processing.

Fee

There is a processing fee for court order delayed certificates. The fee will include a certified copy of the record.

The State Registrar will provide a local office copy of the court order delayed certificate to the local registrar and the county recorder in which the incident occurred, without delay. Upon receipt, the local registrar may issue a disposition permit if necessary.

The State Registrar will also provide a certified copy of the registered court order delayed certificate to the spouse or next of kin of the decedent. If there is no spouse or next of kin, the copy shall be provided to the coroner, medical examiner, or county recorder of the county of death.

REFERENCE: Health and Safety Code Section [103490](#)

Amending court order delayed certificates

If additional information needs to be added or modified on the court order delayed certificate after it has been registered with the State Registrar's office, the VS 24 affidavit form should be used.

Only those fields listed on the court order delayed certificate may be amended. Refer to established guidelines for amending standard death certificates in the Death Registration Handbook for specific information regarding amendments.

Remains later located and identified

If remains are later located and identified for an individual where a court order delayed certificate was prepared, a new standard certificate must not be prepared. Each decedent must only have one death certificate. Requests to replace a court-ordered certificate with a standard certificate must be referred to the State Registrar.

The remains should be disposed of following regular state laws and guidelines. The court order delayed certificate may be amended to reflect the disposition of the remains.