

Preamble

The purpose of this document is to show the procedures for making amendments to existing records. The procedures spelled out here are also covered in the video training guides and the text document guides found on the resources page:

<https://www.in.gov/isdh/28076.htm>

Under the heading DRIVE Training and Online Demonstrations, the recorded videos of user training are available.

In the DRIVE Funeral Home Providers Recorded Training the pre-Registration amendment process occurs at minute 22:00. The post-Registration amendment process occurs at minute 34:00.

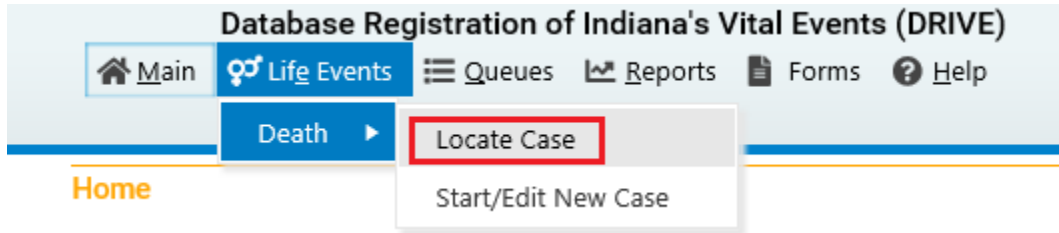
Under the heading DRIVE User Guides are the text documents pertaining to each process.

In the DRIVE User Guide Funeral Homes, the amendment process appears on page 45.



Process to Records Prior to Registration

From the **DRIVE Main Menu**, select **Life Events -> Death -> Locate Case**.



Enter as much decedent information as possible to narrow your search results and click Search.

Death Locate Case

Decedent's Information

First: Last: Date of Death:

Sex: SSN: Date of Birth:

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

If a record is located, select Preview.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875020	Moore, Alan	JAN-27-2021	Male		OCT-31-1971	<input type="button" value="Preview"/>

Total Records : 1



If it is the correct record, click the active link (the decedent's name) under the heading Decedent Name to open the record.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875020	Moore, Alan	JAN-27-2021	Male		OCT-31-1971	Select

Total Records : 1

[New Search](#)

Preview

File Number: Case Id: 4875020
File Date: Medical Record Number:
Coroner Case Number: Date of Death: JAN-27-2021
Decedent's Name: Alan Moore
Spouse's Name: Nada Surf **Marital Status:** Currently Married **SSN:** Unknown
Sex: Male **Date of Birth:** OCT-31-1971 **County:**
City or Town of Death:
Place of Death:
Residence: Berne Indiana, United States
Mother's Maiden Name: Never When
Funeral Director: Funeral Director Six
Funeral Home: Abbott Funeral Home, 421 E. Main Street, Delphi
Medical Certifier:
Date Entered: JAN-27-2021 **Last Update Made By:** Funeral Director Six
[Death CC Abstract](#)
[Death Transcript](#)
[Facts of Death Verification](#)
[Provisional Notification of Death](#)

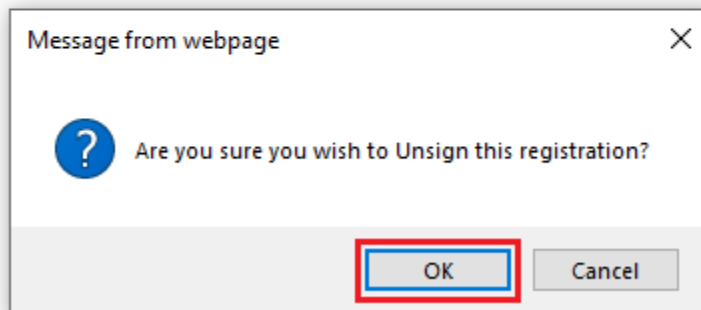


Clicking the **Unsign** button will cause a pop-up to appear. Click on **Okay**.

Affirmations

This registration is currently signed.

Unsign **Clear** **Return**



DRIVE will then note that the record has been **Unsigned**.

Affirmations

This registration has been unsigned.

Clear **Return**



Having **Unsigned** the case, the fields of each page will no longer be greyed out. You can then select the appropriate tab in the menu to go to the page you wish to update.

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition**
- Decedent Attributes

4875020 :Alan Moore JAN-27-2021
/Personal Invalid/Medical Invalid/Not Registered/

Disposition

Method of disposition Other S

Date of disposition MMM-dd-yyyy

Once you make the appropriate changes, make sure to save them using the Save button at the bottom of the page.

Note: You can use the **Validate Page** button to ensure that that entries conform to data standards.

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition**
- Decedent Attributes

4875020 :Alan Moore JAN-27-2021
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/FIPS Coding Required

Disposition

Method of disposition Other Specify

Date of disposition MMM-dd-yyyy

Place of disposition

Place of Disposition



With the changes saved, click on the **Decedent Attributes** tab. Once there, click on the **Validate Page** button at the bottom.

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes** ←
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Injury
- Certifier
- Other Links
- Assign Status
- Attachments
- Comments
- Print Forms
- Refer to Coroner
- Relinquish Case
- Request Medical Certification

4875020 :Alan Moore JAN-27-2021
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/FIPS Coding Required

Decedent Attributes

Decedent's Usual Occupation (do not use retired) Kind of Business / Industry

Decedent's education

Ancestry

Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)

No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, Other Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano Yes, Cuban

Race

Decedent Race (Check one or more races to indicate what the decedent considered himself or herself to be)

White Chinese Vietnamese Samoan
 Black or African American Filipino Other Asian Other Pacific Islander
 American Indian or Alaska Native Japanese Native Hawaiian Other (Specify)
 Asian Indian Korean Guamanian or Chamorro

Validate Page



Clicking the **Validate Page** button will cause the **Sign** tab to reappear.

Note: If the Sign tab does not reappear, it is usually because the case has gone past the five-day window following the Date of Death. To proceed you will need to go to **Comments** (under **Other Links**) and add a new comment under the **Comment Type: Late filing reason**.

Death Registration Menu
Personal Information
✔ Decedent
✔ Resident Address
✔ Family Members
✔ Informant
✔ Disposition
✔ Decedent Attributes
Sign
Medical Certification
✘ Pronouncement
✘ Place of Death
✘ Cause of Death
✘ Other Factors
✔ Injury
✘ Certifier
Other Links
Assign Status
Attachments
✔ Comments
Print Forms
Refer to Coroner
Relinquish Case
Request Medical Certification

4875020 :Alan Moore JAN-27-2021
/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/FIPS Coding Required

Decedent Attributes
Decedent's Usual Occupation (do not use retired) raconteur
Kind of Business / Industry publishing
Decedent's education Unknown

Ancestry
Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)
 No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, Other Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano Yes, Cuban

Race
Decedent Race (Check one or more races to indicate what the decedent considered himself or herself to be)
 White Chinese Vietnamese Samoan
 Black or African American Filipino Other Asian Other Pacific Islander
 American Indian or Alaska Native Japanese Native Hawaiian Other (Specify)
 Asian Indian Korean Guamanian or Chamorro

Validate Page Next Clear Save Return

Once back on the **Sign** tab, re-check the box and click on the **Affirm** button. The case will now appear as *Signed*.

Death Registration Menu
Personal Information
✔ Decedent
✔ Resident Address
✔ Family Members
✔ Informant
✔ Disposition
✔ Decedent Attributes
Sign
Medical Certification

4875020 :Alan Moore JAN-27-2021
/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending Coding Required

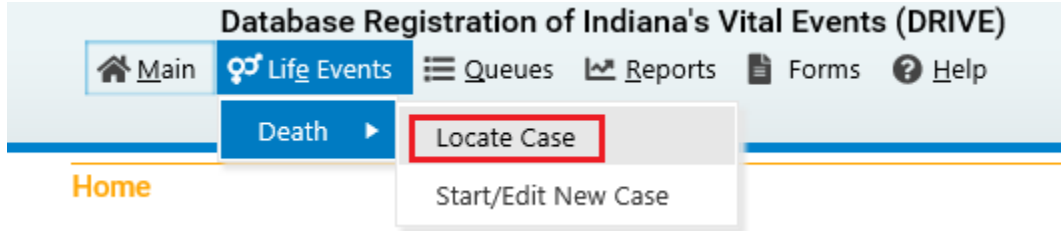
Affirmations
Affirm the following:
 affirm that, to the best of my knowledge, the personal information stated on this record is correct as provided by the informant and is submitted for filing by the local registrar.

Affirm Clear Return



Funeral Director Amendment Process to Registered Records

From the **DRIVE Main Menu**, select **Life Events > Death > Locate Case**.



Enter as much decedent information as possible to narrow your search results and click Search.

Death Locate Case

Decedent's Information

First: Last: Date of Death:
MMM-dd-yyyy

Sex: SSN: Date of Birth:
MMM-dd-yyyy

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

If a record is located, select Preview.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875181	Moore, Alan Update	MAR-01-2021	Male	Adams	OCT-31-1972	<input type="button" value="Preview"/>

Total Records : 1



If it is the correct record, click the active link (the decedent's name) under the heading Decedent Name to open the record.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
4875181	Moore, Alan Update	MAR-01-2021	Male	Adams	OCT-31-1972	Select

Total Records : 1

 New Search

Preview

File Number: 2021000034 **File Date:** MAR-01-2021 **Coroner Case Number:** 11015678
Case Id: 4875181 **Medical Record Number:** **Date of Death:** MAR-01-2021
Decedent's Name: Alan Update Moore
Spouse's Name: Nada Surf **Marital Status:** Currently Married **SSN:** 121-21-3457
Sex: Male **Date of Birth:** OCT-31-1972 **County:** Adams
City or Town of Death: Berne
Place of Death: One Two Way, Berne, Indiana 46711
Residence: Berne Indiana, United States
Mother's Maiden Name: Never When
Funeral Director: Funeral Director Six
Funeral Home: Abbott Funeral Home, 421 E. Main Street, Delphi
Medical Certifier: Coroner Six **Last Update Made By:** State Five Amendment
Date Entered: MAR-01-2021
Status: /Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Local Registrar Filed

[Death CC Abstract](#)

[Death Transcript](#)

[Facts of Death Verification](#)



Enter information in **Description** field *if desired*. Then click on **Save**.

Amendment Page

Type	<input type="text" value="Personal"/>	Amendment Date	
Year		Amendment Number	
Order Number	<input type="text"/>	Description	<input type="text" value="Updating Date of Disposition"/>
Amendment Status			

A new drop menu will appear with page selections to choose from. Select the appropriate page to update from **Page to Amend**.

Amendment Page

Type	<input type="text" value="Personal"/>	Amendment Date	<input type="text" value="MAR-03-2021"/>
Year	2021	Amendment Number	758
Order Number	<input type="text"/>	Description	<input type="text" value="Updating Date of Disposition"/>
Amendment Status	Keyed (Requires Affirmation)		
Page to Amend	<div style="border: 1px solid black; padding: 5px;"><ul style="list-style-type: none">Death - DecedentDeath - Family MembersDeath - InformantDeath - DispositionDeath - Resident AddressDeath - Decedent AttributesDeath - Identifiers</div>		



Once the page is selected from the drop menu, the page to be amended will populate below the drop menu fields.

Amendment Page

Type	<input type="text" value="Personal"/>	Amendment Date	<input type="text" value="MAR-03-2021"/>
Year	2021	Amendment Number	758
Order Number	<input type="text"/>	Description	<input type="text" value="Updating Date of Disposition"/>
Amendment Status	Keyed (Requires Affirmation)		
Page to Amend	<input type="text" value="Death - Disposition"/>		



Disposition

Method of disposition	<input type="text" value="Burial"/>
Date of disposition	<input type="text"/>

Place of disposition

Place of Disposition	<input type="text" value="Crown Hill Cemetery"/>	
City or Town	State	Country
<input type="text" value="Indianapolis"/>	<input type="text" value="Indiana"/>	<input type="text" value="United States"/>

Funeral Director

License Number	<input type="text" value="FD06"/>		
First	Middle	Last	Suffix
<input type="text" value="Funeral"/>	<input type="text" value="Director"/>	<input type="text" value="Six"/>	<input type="text"/>

Funeral Home

Business Registration Number	Lookup
<input type="text" value="FH19600002"/>	<input type="text" value="Abbott Funeral Home"/>



Update the fields requiring changes and then scroll down to the bottom of the page and click **Save**. You can also select **Validate Amendment** to ensure the amendment passes validation rule checks.

Disposition

Method of disposition

Date of disposition
MMM-dd-yyyy

Place of disposition

Place of Disposition

City or Town State Country

Funeral Director

License Number

~~FIELDS BELOW ARE AUTO-POPULATED BASED ON PLACE OF DEATH~~

Filing Registrar Information

Local Health Department

Local Approval By



Once saved, a note appears at bottom of the page indicating the changes made. There will also be a line of red text regarding affirmation.

Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Type	<input type="text" value="Personal"/>	Amendment Date	<input type="text" value="MAR-03-2021"/>
Year	<input type="text" value="2021"/>	Amendment Number	<input type="text" value="758"/>
Order Number	<input type="text"/>	Description	<input type="text" value="Updating Date of Disposition"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>		
Page to Amend	<input type="text"/>	<input type="button" value="Print/Preview"/>	<input type="button" value="Print/Preview 7.25x7"/>

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Disposition - Date of disposition		MAR-02-2021	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

<input type="button" value="Cancel Amendment"/>	<input type="button" value="Validate Amendment"/>	<input type="button" value="Save"/>	<input type="button" value="Clear"/>	<input type="button" value="Return"/>
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When you choose a page to update, a new Menu tab will appear atop the other menus. Once you have Saved your updates, select **Amendment Affirmation** from upper left under the **Amendments Menu** heading.



Click the box next to the affirmation statement to populate a checkmark in it, then click **Affirm**.

/Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Local Registrar Filed

Affirmations

Affirm the following:

The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts

Affirm

Clear

Return

A message indicating Authentication was successful will appear.

Affirmations

Authentication successful.

Clear

Return

The amendment(s) made will not display in the record until the Indiana Department of Health approves them. Once approved, under Messages there will be one displayed showing the amendment was approved. It will also indicate whether the amendment was rejected if applicable.

Messages

Send Message

Mark as Read

Remove from List

From	Subject	Message	Date Sent	
State Five Amendment	Case 4875181 Amendment Approved	The amendment submitted for: 4875181 ; Alan Update Moore, Event Date: MAR-01-2021 has been Approved .	3/3/2021 3:17:40 PM	<input type="checkbox"/>
Funeral Director Six	Case 4875181 Amendment Submitted	An amendment has been submitted for Case :4875181, Name: Alan Update Moore, Date of Death: MAR-01-2021	3/3/2021 2:27:26 PM	<input type="checkbox"/>

