



November 28, 2005

Dear Physician:

The California Department of Health Services began implementation of an Electronic Death Registration System (CA-EDRS) in January 2005. The system was piloted in two counties, Yolo and Riverside, and phased implementation has begun with other counties in California.

As a result of this development, the Department has designed two new methods to make it easier for you to certify the causes of death as they appear on the death certificate. Both Voice and Fax Attestation methods replace the pen signature. We are currently seeking physicians from within our CA-EDRS counties interested in using these new methods.

### ***What is Remote Attestation using FAX or Voice?***

#### **Fax Attestation:**

This method for medically certifying the causes of death requires the physician to merely sign the faxed attestation copy which is sent by the funeral director or decedent affair office using an option from the CA-EDRS system. After you receive the faxed attestation copy, sign on the attestation copy (which looks just like the death certificate) with your usual signature in the usual place. Then, you, or a member of your staff faxes it back to the toll free CA-EDRS fax server number shown on the instruction sheet. The CA-EDRS server will retain an image of the attestation copy. It will check for the presence of a signature in item 115, and if it finds one will then update the status of the death record in CA-EDRS to "signed." This completes the attestation process.

#### **Voice Attestation:**

This method for medically certifying the causes of death requires you to follow the instructions under VOICE OPTION on the instruction sheet. After you receive the faxed attestation copy, you must call the toll free CA-EDRS number indicated on the instruction sheet, and follow the prompts provided by the interactive voice response system. You will need to have the instruction sheet and the attestation copy in front of you when you call. Once you have completed the call, the system will inform you whether or not it was successfully attested by voice. The Voice server will also notify the CA-EDRS system that the death record has been signed and the attestation is complete.

#### ***A word of caution:***

*If the attestation copy faxed to you is incorrect and requires a change, you or your staff must contact the funeral director or decedent affairs office immediately. **Do NOT modify the attestation copy. Do NOT sign an incorrect attestation copy. Do NOT sign if your name does not appear as the recipient identified on the cover sheet.** Your Funeral Director or decedent affairs will make the changes that you request, and the system will re-fax you the corrected copy with new attestation numbers.*

We believe this new system will make your role in the death registration process much easier than in the past. We look forward to your cooperation and comments. If you have any questions or concerns, please contact the Application Support Desk, at the CA-EDRS Project Office, 916-734-8727.



## **FAX COVER SHEET**

# **CONFIDENTIAL AND TIME SENSITIVE INFORMATION ENCLOSED**

RECIPIENT:	[PHYSICIAN SIGNING DEATH CERTIFICATE]
FAX NUMBER:	[PHYSICIAN FAX XXX-XXX-XXXX]
TOTAL NUMBER OF PAGES:	4
SENDER:	[SENDER'S NAME]
SENDER'S PHONE NUMBER:	[SENDER'S PHONE XXX-XXX-XXXX]

**IF YOU RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY THE SENDER.**



PHYSICIAN'S GUIDE TO CA-EDRS  
REMOTE ATTESTATION

## Attention

### IF YOU CHOOSE THE FAX OPTION

You may not modify the physician attestation copy other than placing a signature in field 115. If you require modifications (e.g. changes to the causes of death, changes to your address), you must contact the funeral director or decedent affairs office that issued these faxed documents to you and ask them to make the corrections. They then must re-fax the corrected set to you.

A faxed DC attestation form that has been modified is **NOT** acceptable as an officially signed death certificate.

IF YOU RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY THE SENDER.



## MEDICAL INFORMATION ATTESTATION INSTRUCTION SHEET

Per California Statute:

- Health and Safety Code 102800 gives the medical certifier 15 hours after the death to provide the medical and health data and attest to its validity on the Death Certificate.
- Health and Safety Code 102800 and 102825 identify the specific individuals who may certify a Death Certificate.

Please review the Physician Attestation Copy included in this fax. If the Medical Information is correct, use either the Fax Option or the Voice Option to electronically attest to the information. By doing so, you certify that to the best of your knowledge, the death occurred at the hour, date, and place stated from the causes stated on the Death Certificate. Your attestation will be saved in the California Electronic Death Registration System (CA-EDRS).

### NOTE

*If the attestation copy faxed to you is incorrect and requires a change or your name is not the fax recipient identified on the cover sheet, you or your staff must contact the sender identified on the cover sheet immediately. **Do NOT modify the attestation copy. Do NOT sign an incorrect attestation copy. Do NOT sign if your name does appear as the recipient identified on the cover sheet.** The sender will make the changes that you request, and the system will re-fax you the corrected copy with new attestation numbers*

### Fax Option

Fax the signed Physician Attestation Copy of the Death Certificate to the toll-free Fax Server.

1. Sign in field 115.
2. Fax the Physician Attestation Copy to the toll-free CA-EDRS Fax Server at **1-800-913-6121**.

### Voice Option

Call the toll-free CA-EDRS Interactive Voice Response System (IVRS).

1. Call the toll-free CA-EDRS IVRS at **1-800-713-2908**.
2. Follow the instructions as prompted, entering the numbers below when prompted and confirming your authority to attest to the Medical Information.

Death Certificate Record Number: [XXXXXX]

Voice Attestation Number (VAN): [XXXXXXXX]

3. State the following phrase:

"I [PHYSICIAN NAME], certify that the death certificate copy submitted to me for [DECEDENT NAME ] is correct"

IF YOU RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY THE SENDER.

CERTIFICATE OF DEATH										
STATE FILE NUMBER			STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-14 (REV 1/04)				LOCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)					
	FIRST NAME				LAST NAME					
	AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs.		6. SEX		8. HOUR (24 Hours)
							IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes	
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/ccyy	
									[MM/DD/YYYY] [HHMM]	
	13. EDUCATION — Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)					
SPOUSE AND PARENT INFORMATION	17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			19. YEARS IN OCCUPATION			
	20. DECEDENT'S RESIDENCE (Street and number or location)									
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
	26. NAME OF SURVIVING SPOUSE — FIRST			29. MIDDLE		30. LAST (Maiden Name)				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	31. NAME OF FATHER — FIRST			32. MIDDLE		33. LAST		34. BIRTH STATE		
	35. NAME OF MOTHER — FIRST			36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE		
	41. TYPE OF DISPOSITION(S)			42. SIGNATURE OF EMBALMER			43. LICENSE NUMBER			
	44. NAME OF FUNERAL HOME			45. SIGNATURE OF FUNERAL HOME			46. SIGNATURE OF LOCAL REGISTRAR			
PLACE OF DEATH	101. PLACE OF DEATH [PLACE OF DEATH]			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
	104. COUNTY [COUNTY]		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) [FACILITY ADDRESS OR LOCATION]				106. CITY [CITY]			
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			IMMEDIATE CAUSE (A) [IMMEDIATE CAUSE]		Time Interval Between Onset and Death (AT) [TIME]		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER		
	Sequently, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			[UNDERLYING CAUSE]		[TIME]		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PHYSICIAN'S CERTIFICATION	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 [OTHER SIGNIFICANT CONDITION]			
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) [OPERATIONS PERFORMED]			113a. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/ccyy Decedent Last Seen Alive (B) mm/dd/ccyy			
	115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NUMBER [#####]			117. DATE mm/dd/ccyy			
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [PHYSICIAN NAME] [MAILING ADDRESS, CITY, STATE, ZIPCODE]									
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)		
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)									
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)									
	125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)									
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR			A		B		C		D	
			E		FAX/VOICE AUTH. # [#####]		CENSUS TRACT			

Physician Attestation Copy

If this information is correct, SIGN in field 115

If modification is required, see page 2 of packet

Do NOT make modifications