

Guidance on Changes to the New York City Department of Health and Mental Hygiene's Certificate of Death (VR15)

The below guidance pertains to changes to New York City Vital Record forms that will be in effect January 2, 2020. Question numbers correspond to the box numbers on the certificates. Before and after images are included to show the changes that were made.

1. Question 1: Suffix added to Name of Decedent

a. Original: (First, Middle, Last)b. New: (First, Middle, Last, Suffix)

c. **Purpose**: To match the birth certificate (VR6S)

Current Death certificate

DAT	E FILED TI	HE CITY OF NEW Y	ORK – DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		
			1. DECEDENT'S		
			LEGAL NAME (First, Middle, Last)		
Place Of Death	2a. New York City 2b. Borough	1 Hospital Inpatient	4 Nursing Home/Long Term Care Facility 5 Hospice Facility satient 6 Decedent's Residence 7 Other Specify	2d. Any Hospice care in last 30 days 1 Yes 2 No 3 Unknown	2e. Name of hospital or other facility (if not facility, street address)

Updated Death certificate

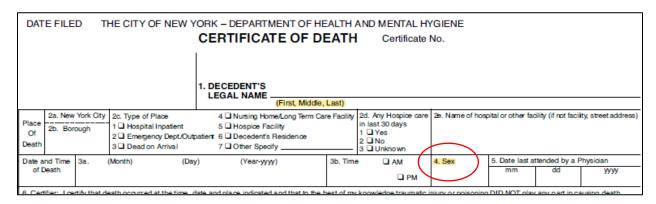


Current eVital screen, no changes made to eVital



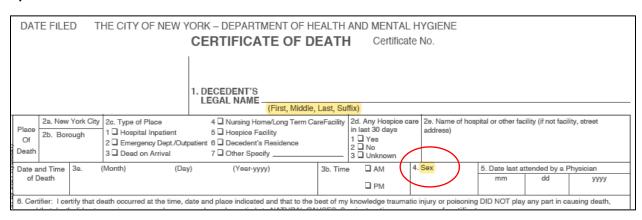
- 2. Question 4: Adding option of Gender X for decedent sex to capture gender identity
 - a. Original: Male or Female
 - b. New: Male, Female, or X
 - **c. Purpose**: To provide option of a gender marker for persons who do not identify exclusively as female or male

Current Death certificate



Current eVital screen





New eVital screen



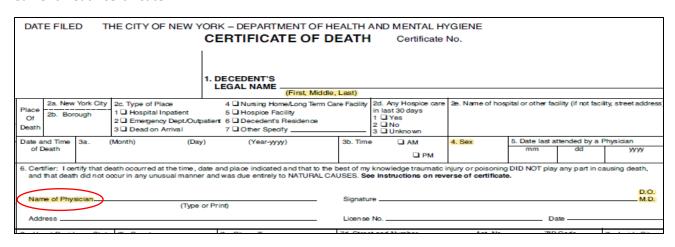
3. Question 6: Change label for name of certifier

a. Original: Name of physician

b. New: Name of medical certifier

c. Purpose: To be more accurate per New York City Health Code 205.05

Current Death certificate



Current eVital screen, no changes made to eVital



Updated Death certificate

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Certificate No. 1. DECEDENT'S	
1. DECEDENT'S	
LEGAL NAME	
(First, Middle, Last, Suffix)	
2a. New York City 2c. Type of Place 4 \[\text{ Nursing Home/Long Term CareFacility } \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Hospital Inpatient } \] 5 \[\text{ Hospice Facility } \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 1 \[\text{ Yes} \] 2d. Any Hospice care 2e. Name of hospital or other factor in last 30 days 2e. Name of hospital or other factor in last 30 days 2e. Name of hospital or other factor in last 30 days 2e. Name of hospital or other factor in last 30 days 2e. Name of hospital or other factor in last 30 days 2e. Name of hospital or other facto	cility (if not facility, street
Death 3 Dead on Arrival 7 Other Specify 3 Unknown	
Date and Time 3a. (Month) (Day) (Year-yyyy) 3b. Time AM 4. Sex 5. Date last a	attended by a Physician
of Death ☐ PM	dd y
Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.	y any part in causing de
Name of Medical Certifier Signature Signature	
(Type or Print)	
Address License No. — Da	ate —

4. Question 6 and after Question 30: Add additional options for medical certifier

a. **Original**: MD or DOb. **New**: MD, DO, NP, RPA

c. **Purpose**: To be more accurate per New York City Health Code 205.05

Current Death certificate

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH Certificate No.
1. DECEDENT'S
LEGAL NAME (First, Middle, Last)
2a. New York City 2c. Type of Place 4 Nursing Home/Long Term Care Facility 2d. Any Hospice care 2e. Name of hospital or other facility, street address of last 30 days 1 1 Hospital Inpatient 5 Hospice Facility 1 Hospital Inpatient 1 Hospi
Date and Time 3a. (Month) (Day) (Year-yyyy) 3b. Time AM 4. Sex 5. Date last attended by a Physician
of Death
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate. Name of Physician. Signature (Type or Print)
Address Date
7a. Usual Residence State 7b. County 7c. City or Town 7d. Street and Number Apt. No. ZIP Code 7e. Inside Cit Limits?
8. Date of Birth (Month) (Day) (Year-yyyy) 9. Age at last birthday Under 1 Year Under 1 Day 10. Social Security No.
(years) Months Days Hours Minutes
11a. Usual Occupation (Type of work done during most of working life. 11b. Kind of business or industry 12. Aliases or AKAs 12. Aliases or AKAs
13. Birthplace (City & State or Foreign Country) 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 □ 8th grade or less; none 2 □ 9th − 12th grade; no diploms 3 □ High school graduate or GED 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 □ Master's degree (e.g., MA, MS, MEng, MEd, MSW, M B □ Doctorate (e.g., PhD, EdD) or B □ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
15. Ever in U.S. Armed Forces? 1 No Other, Specify
18. Father's Name (First, Middle, Last) 19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)

Updated Death certificate

DAT	TE FILED) TI	HE CITY OF NEW Y	ORK – DEPARTMENT OF HI							
				1. DECEDENT'S LEGAL NAME (First, Middle,	Last, Su	ffix)					
Place Of Death	2a. New Y 2b. Borou		2c. Type of Place 1 Hospital Inpatient 2 Emergency Dept/Out 3 Dead on Arrival	4 ☐ Nursing Home/Long Term Ca 5 ☐ Hospice Facility patient: 6 ☐ Decedent's Residence 7 ☐ Other Specify	reFacility	2d. Any Hospice coin last 30 days 1 Yes 2 No 3 Unknown		e. Name of hos ddress)	pital or other fac	cility (if not faci	lity, street
Date a	and Time	3a.	Month) (Day	/) (Year-yyyy)	3b. Time	a 🔲 AM	4. Se	9X	5. Date last a	ttended by a F	Physician
of [Death					□ РМ			mm	dd	уууу
and		did not o	ccur in any unusual manne	late and place indicated and that to the I or and was due entirely to NATURAL CA ppe or Print)	USES. Se		rever	se of certifical		v any part in ca	ausing death D.O. M.D. NP RPA
Add	lress ——				License	No. ————			Da	ite ———	

- 5. **Question 17**: Remove "if wife" from surviving spouse's name
 - a. **Original**: Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last)
 - b. **New**: Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last)
 - c. **Purpose**: To make language gender neutral

Current Death certificate

DAT	EFILE	D TH	HE CITY OF	NEW YOR	RK – DEPA	RTMENT OF HE	ALTH	AND MEN	ITAL HY	GIENE			
				С	ERTIFIC	CATE OF DI	EATH	Cer	tificate I	No.			
				1									
				1.1	DECEDENT	r's							
				"	LEGAL NA	ME (First, Middle.	I oot)						
	2a New	York City	2c. Type of Plac		4 D Numin	g Home/Long Term Ca		2d. Any Hos	nice care	2a Name of h	oonital or other fa	cility (if not fac	ilty, street address)
Place	2b. Boro		1 Hospital In		5 Hospid		racility	in last 30 da		25. 144110 011	ospital of other to	omy (ii rot iiio	ing, secondosioss)
Of Death	20. 20.	oug.				lent's Residence		1 Yes 2 No					
	L		3 Dead on A		7 Other	Specify	_	3 Unknov					
	nd Time	3a. (Month)	(Day)	(Yea	ar-yyyy)	3b. Time	e 🗆 AM	м	4. Sex	5. Date last a	attended by a	
011	Jeani							(□ PM				yyyy
						cated and that to the I						y any part in c	ausing death,
and	that death	n did not o	cur in any unus	ual manner an	d was due ent	irely to NATURAL CA	USES. Se	e instruction	ns on reve	erse of certific	ate.		
													D.O.
Nan	ne of Phys	sician		(Type or P	rint)		Signatu	re					M.D.
Add	ress						License	No			D	ote	
7a. Us	ual Reside	ence State	7b. County		7c. City or To	own	7d. Stree	et and Numbe	er	Apt. N	o. ZIF	Code	7e. Inside City Limits?
													1 ☐ Yes 2 ☐ No
8. Dat	e of Birth	(Month)	(Day)	(Year-yyyy)	Age at las (years)	st birthday	Und Months	ler 1 Year Davs	Hours	der 1 Day 10. Social Security No.			
					1		2	3 Days	4	Minutes			
11a. U	sual Occu	pation (Ty	e of work done	during most of	working life.	11b. Kind of busines	s or indus	stry 12. Ali	ases or A	KAs			
Do not	t use "retir	ea_)											
13. Bir	thplace (C	ity & State	or Foreign Cou			the box that best des							
					grade or less - 12th grade;			ge credit, but degree (e.g., /			ter's degree (e.g., torate (e.g., PhD, E		g, MEd, MSW, MBA)
l .					h school grade			degree (e.g., /			essional degree (DVM, LLB, JD)
	er in U.S.		Marital/Partnersh				17. Sur	viving Spouse	e's/Partne	r's Name (If wit	e, name prior to f	first marriage)(First, Middle, Last)
	ned Force	4.00	Married 2 🗔 Married, but sep										
1 🗆 Ye	s 2 N		Other, Specify			8 Unknown							
18. Fa	ther's Nan	ne (First, M	fiddle, Last)				19. Mo	ther's Maiden	Name (Pr	rior to first mar	riage) (First, Mide	dle, Last)	
<u> </u>							_						

Current eVital screen (Family Members Page)



DATE FILED	THE CITY OF NEV	W YORK – DEPA	ARTMENT OF H	AL HT IA	ID MEN	ITAI H	YGIENE			
5,11211225			CATE OF D			ificate				
		1. DECEDEN LEGAL NA		Last Suffiv						
Place Of Death 2a. New York	1 D Hospital Inpatien	t 5 ☐ Hospi /Outpatient 6 ☐ Deced	g Home/Long Term Ca	reFacility 2d in 1 2	. Any Hosp last 30 day 2 Yes 2 No 2 Unknow	/8	2e. Name of h address)	nospital or other fac	cility (if not fac	sility, street
Date and Time 3a.	. (Month)	(Day) (Ye	ar-yyyy)	3b. Time	☐ AM	4.	Sex	5. Date last a	ttended by a	Physician
of Death					□ РМ			mm	dd	уууу
Name of Medical	Certifier	(Type or Print)		Signature _				Ds		NP RPA
7a. Usual Residence	State 7b. County	7c. City or T	own	7d. Street ar	nd Number	r	Apt. N	lo. ZIP	Code	7e. Inside City Limits? 1 2 Yes 2 2 No
8. Date of Birth (1	Month) (Dav) (Yea	r-yyyy) 9. Age at la	st birthday	Under 1	Year	Un	der 1 Dav	10. Social Securi	itv No.	
,	, , , , , ,	(years)	,	Months 2	Days	Hours	Minutes			
11a. Usual Occupati Do not use "ret	ion (Type of work done during ired.")	g most of working life.	11b. Kind of busines	-		ases or A	AKAs			
	& State or Foreign Country)	1 8th grade or less 2 9th – 12th grade 3 High school grad	no diploma 5 🗖 A	ome college (ssociate degi achelor's deg	redit, but r ee (e.g., A ree (e.g., E	no degre A, AS) BA, AB, B	e 7 □ Mas 8 □ Doc S) Prof	ter's degree (e.g., torate (e.g., PhD, E essional degree (e	MA, MS, MEn dD) or e.g., MD, DDS	
15. Ever in U.S. Armed Forces? 1 Yes 2 No	16. Marital/Partnership Sta 1 ☐ Married 2 ☐ Dome 4 ☐ Married, but separated 7 ☐ Other, Specify	estic Partnership 3 I 5 🗆 Never Marrie	d 6 Widowed	17. Survivii	ng Spouse	's/Partne	er's Name (prior	r to first marriage)	First, Middle,	Last)
18. Father/Parent na	ame (prior to first marriage) (I	First, Middle, Last)		19. Mother	Parent Na	ame (prio	r to first marria	ge) (First, Middle,	Last)	

New eVital screen (Family Members Page)



- 6. Question 18 and 19: Add 'Parent' to labeling
 - a. **Original**: Father's Name (First, Middle, Last); Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)
 - b. **New**: Father/Parent Name (Prior to first marriage) (First, Middle, Last); Mother/Parent Name (Prior to first marriage) (First, Middle, Last)
 - c. **Purpose**: To make language gender neutral

Current Death certificate

DAT	EFILE	D TI	HE CITY OF N	IEW YOR	K – DEPA	RTMENT OF HE	EALTH.	AND MEN	TAL H	GIENE			
				С	ERTIFIC	CATE OF D	EATH	Cert	tificate	No.			
				1									
					DECEDENT								
					LEGAL NA	(First, Middle,	Last)						
Place		York City	2c. Type of Place		4 Nursin	g Home/Long Term Ca	re Facility	2d. Any Hos in last 30 day		2e. Name of ho	spital or other fa	cility (if not fac	cility, street address)
Of	2b. Bor	ough	2 Emergency D					1 Yes	, -				
Death			3 Dead on Arri	val	7 🗆 Other	Specify		3 Unknov	vn				
	nd Time Death	3a. ((Month)	(Day)	(Yea	ar-yyyy)	3b. Time	e 🗆 AM	И	4. Sex	5. Date last a	attended by a	
OIL	Jeath							0	⊒ PM			dd	уууу
						cated and that to the lifely to NATURAL CA						y any part in o	causing death,
and	triat deat	n did not o	ocur in any unusua	i manner an	d was due en	irely to NATORAL CA	USES. 34	e instruction	is on rev	erse or centrica	ite.		
Nan	ne of Phys	sician.					Signatu	re					D.O. M.D.
				(Type or P	rint)								
Add	ress						Licen se	No			D	ate ———	
7a. Us	ual Resid	ence State	7b. County		7c. City or To	own	7d. Stree	et and Numbe	r	Apt. No	. ZIF	Code	7e. Inside City
													Limits?
8. Dat	e of Birth	(Month)	(Day) ((ear-yyyy)	9. Age at las (years)	st birthday		er 1 Year	_		10. Social Secu	rity No.	
					1		Months 2	Days	Hours 4	Minutes			
11a. U	sual Occu	pation (Ty	pe of work done do	iring most of	working life.	11b. Kind of busines	s or indus	stry 12. Ali	ases or A	KAs			
201101	1000 100												
13. Bir	thplace (C	City & State	or Foreign Count		cation (Check grade or less	the box that best des		highest degr ge credit, but					g, MEd, MSW, MBA)
				2 🗆 9th	- 12th grade;	no diploma 5 A		degree (e.g., A		8 Docto	rate (e.g., PhD, E	EdD) or	
					h school gradu	uate or GED 6 ☐ E		degree (e.g.,		-	ssional degree (
	er in U.S. med Force		Marital/Partnership Married 2 □ D		ne of death nership 3	☐ Divorced	17. Sur	viving Spouse	s/Partne	r's Name (If wife	, name prior to f	irst marriage)	(First, Middle, Last)
1 🗆 Ye	s 2 🗆 N	lo l	Married, but separ	ated 5 🗆	Never Marrie								
18 Fa	ther's Nar		Other, Specify Middle, Last)			8 Unknown	19. Mo	ther's Maiden	Name (P	rior to first marri	age) (First, Mide	dle, Last)	$\overline{}$
1	210. 3 140										3-, (- 3-4 111-6		
1							1						

Current eVital screen, no changes made to eVital



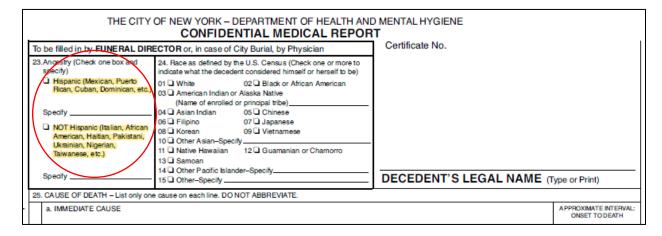
DAT	E FILE	D TI	HE CITY OF NE			RTMENT OF H							
				C	ERIIFIC	CATE OF D	EAIF	Cen	tificate	₹ NO.			
					DECEDENT LEGAL NA	ME							
	0- N	York City			4.7.1.	(First, Middle,				- D- N		-10 616 4 6	Th
Place	2b. Boro		2c. Type of Place 1 Hospital Inpatier	nt	5 Hospid	g Home/Long Term Ca :e Facility	ire Facility	2d. Any Hos in last 30 da		address)	ospital or other fa	cility (if not fai	ality, street
Of Death		-ug.:	2 Emergency Dept	/Outpatie				1 Yes 2 No					
		3a. (3 Dead on Arrival	(Day)	7 Other	specify	3b. Time	3 Unknow		4. Sex	E Data last	attended by a	Dharisian
-	nd Time Jeath	JB. (wontn)	(Day)	(198	ir-yyyy)	3b. Time			4. Jex	5. Date last a	dd dd	yyyy
						cated and that to the l		□ РМ					
Nan	ne of Medi	ical Certifie		(Туре с	or Print)		Signatu						D.O. M.D. NP RPA
Add	ress ——						License	No. ———			D	ate —	
7a. Us	ual Reside	ence State	7b. County		7c. City or To	own	7d. Stree	t and Numbe	r	Apt. N	o. ZIF	Code	7e. Inside City Limits? 1 Yes 2 No
8. Date	of Birth	(Month)	(Day) (Yes	г-уууу)	9. Age at las	st birthday		er 1 Year	_	Inder 1 Day	10. Social Secu	rity No.	
l					(years)		Months	Days	Hou 4	rs Minutes			
	sual Occu o not use		pe of work done durin	g most o	f working life.	11b. Kind of busines	ss or indus	-	ases or	AKAs			
	13. Birthplace (City & State or Foreign Country) 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1										, DVM, LLB, JD)		
Arr	15. Ever in U.S. Armed Forces? 1 Yes 2 No Armed Forces? 1 Oyes 2 No Armed Forces?									Last)			
18. Fa	ther/Paren	it name (p	rior to first marriage) (First, Mid	idle, Last)	>	19. Mot	her/Parent Na	ame (pr	ior to first marria	ge) (First, Middle	, Last)	
							+						

7. Question 23: Adding Latino to ancestry label

Original: Hispanic
 New: Hispanic/Latino

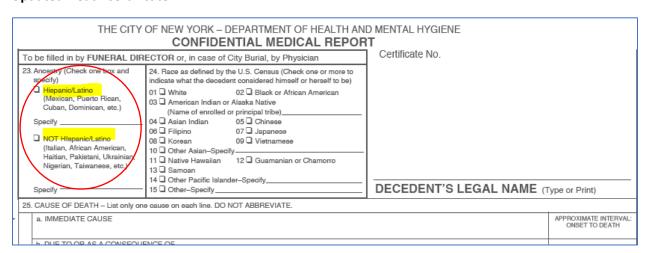
3. Purpose: To be more inclusive and match the US Standard Death Certificate

Current Death certificate



Current eVital screen





New eVital screen

Ancestry* Hispanic/Latino (Mexican, Puerto Rican, Cuban, Dominican, etc.) Origin Latino