



# Medical Certifier TxEVER Cheat Sheet



## **Death Certificate Process:**

1. FH creates new record and completes data entry
2. FH designates medical certifier
3. MC accepts record and completes data entry
4. MC certifies record
5. FH verifies record and completes DCOA
6. FH prints or requests BTP
7. FH releases record

## **Medical Certification:**

1. Go to Death module, then Functions —> Medical Data Entry
2. Complete medical tabs 1, 2, and 3 (if applicable)
  - Medical tab 3 is only for ME/JP. Physicians can ignore.
1. Record —> Medical Certification
2. Verify the information is correct using the "Preview" button
3. Click the "Certification" button, check the checkbox, then enter your pin.

## **Refer to Medical Examiner or Justice of the Peace (ME/JP):**

Physicians: If a death certificate was assigned to you, but the cause of death was unnatural, refer the death to a ME/JP ASAP.

ME/JP: If a death certificate was assigned to you, but someone else did the inquest, then refer to the appropriate ME/JP ASAP.

1. Access record in TxEVER
2. Record —> Refer to JP/Medical Examiner
3. Enter certifier information and click "designate"

FH—Funeral Home; MC—Medical certifier; LR—Local Registrar



# Medical Certifier TxEVER Cheat Sheet



**Website:** <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

**Help Desk Email:** [help-txever@dshs.texas.gov](mailto:help-txever@dshs.texas.gov)

## **Keyboard Shortcuts:**

T		Enters current date in any date field.
T + up/down		Enters the current date and you can populate a day before or after.
Tab		Moves forward from one box/field to another box/field.
Shift Tab		Moves backward from one box/field to another box/field.
Enter		Activates the next button on the page.
1st Letter of a Word		Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar		Selects a radio button or check box.
Arrow Keys		Moves from one radio button to the next.
Down Arrow		Opens a dropdown list.
Escape		Closes a dropdown list.
Ctrl + S		Saves the current record.
State Abbreviations		Selects the associated state by typing the first letter.

## **Diacritical Marks:**

Press and hold "ALT" key, type 3 digit code, release the "ALT" key

ALT Code	Diacritical Mark	ALT Code	Diacritical Mark	ALT Code	Diacritical Mark
128	Ç	0194	Â	0204	Ï
142	Ä	0192	À	0211	Ó
144	É	0195	Ã	0210	Ò
153	Ö	0235	Ë	0213	Õ
154	Ü	0200	È	0218	Ú
165	Ñ	0205	Í	0217	Ù
0193	Á	0207	Ï	0221	Ý

Questions? Contact the TxEVER team at [txeverinfo@dshs.texas.gov](mailto:txeverinfo@dshs.texas.gov) or 512-776-3010.

10/4/18 version 1.0



# BASIC DEATH REGISTRATION MEDICAL CERTIFICATION



# BASIC DEATH REGISTRATION

REV 04/18

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# Basic Death Registration Checklist

## Funeral Home Part 1 – Starting a Death Record

- Log into TxEVER and Select the DEATH Tab
- Start a new record
- Verify there are no Duplicate Records
- Complete all Yellow Fields on all Demographic tabs.
- Print the Verification of Death Facts; have the Informant sign it.
- Assign the Medical Certifier for the Record.

## Medical Certifier – Medical Data Entry

- Log into TxEVER and Select the DEATH Tab
- Accept the death record assigned.
- Complete the Medical Data Entry (Tabs 1 through 3)
- Medically Certify the Record.

## Funeral Home Part 2 – Demographic Verification and Release

- Log back into TxEVER and locate the Record the Medical Certifier Certified
- Complete the DCOA Order
- Demographically Verify the Record
- Release the Record







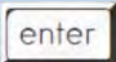







~ State Office Reviews and Accepts the Record ~

## Local Registrar – Accepts and Prints the Record

- Log into TxEVER and Select the DEATH Tab
- Accept the record
- Print the Local Copy – the Local file number and Local File Date will be automatically assigned.
- Index the new record within the Local's Files



# Keyboard Shortcuts

Press T or 	Enters current date in any date field.
Press T and  or 	Enters the current date and you can populate a day before or after.
Tab or 	Moves forward from one box/field to another box/field.
Shift Tab or  + 	Moves backward from one box/field to another box/field.
Enter or 	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or 	Selects a radio button or check box.
Arrow Keys or  or 	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 	Opens a dropdown list.
Escape or 	Closes a dropdown list.
Ctrl + S or  + 	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

# Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Â Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	Ã Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		



**BASIC DEATH REGISTRATION  
MEDICAL CERTIFIER -  
MEDICAL DATA ENTRY**



# LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text 'Texas Department of State Health Services'. A blue banner across the top reads 'Welcome to the Texas Department of State Health Services!'. Below the banner is a photograph of a woman smiling and holding a baby. A yellow arrow button with the text 'LOG IN to TxEVER' is overlaid on the bottom right of the photo. A red-bordered callout box points to this button with the text 'Step 1: Click here to open the TxEVER log in'. Below the photo is a paragraph of text: 'TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute.' Below this is a section titled 'Contacting the Texas Department of State Health Services(DSHS)'. It contains two columns: 'Telephone Numbers:' and 'Mailing Address:'. The 'Telephone Numbers:' column has a table with three rows: 'Vital Events Registration System', 'Fax Number', and 'Vital Records - Customer Service'. The 'Mailing Address:' column contains the address and phone number. At the bottom of the page, there is a yellow arrow button that says 'Log on to Texas Department of State Health Services'. Below it are two links: 'User Enrollment' and 'Report TxEVER Issue(s)'. A dashed-bordered callout box points to 'Report TxEVER Issue(s)' with the text 'Click here to report issues with TxEVER'. Another dashed-bordered callout box points to 'User Enrollment' with the text 'Click here to enroll OR update your user account'.

**TEXAS**  
Health and Human Services | Texas Department of State Health Services

**Welcome to the Texas Department of State Health Services!**

**LOG IN to TxEVER**

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.  
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.  
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

**Contacting the Texas Department of State Health Services(DSHS)**

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

**Log on to Texas Department of State Health Services**

[User Enrollment](#)      [Report TxEVER Issue\(s\)](#)

Click here to report issues with TxEVER

Click here to enroll OR update your user account





## TxEVER Terms of Use

**WARNING:** THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

**Step 2:** Click Yes to agree to the terms and conditions and gain access to TxEVER.





## Login

The screenshot shows a login form with the following elements:

- User Name:** A text input field containing the text "komeatty1". A red callout box points to this field with the text: "Step 3: Type your TxEVER user name and password."
- Password:** A text input field with masked characters (dots). A red callout box points to this field with the text: "Step 3: Type your TxEVER user name and password."
- Forgot Password?:** A blue hyperlink. A red callout box points to this link with the text: "Forgot your password? Click here to reset password."
- Log In:** A button. A red callout box points to this button with the text: "Step 4: Click 'Log In'."



## Location

Find important news and updates in the TxEVER broadcast message area.

**Step 5:** Select your user location. Use dropdown if you have multiple locations/offices.

**Step 6:** Click "OK."




Message By: VFARINELLI On 3/13/2018 10:53:11 AM


This message should be seen by ALL users


Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Skip to main content GLOBAL DEATH **Medical Part of Death Registration**    [LogOut](#)

 **TEXAS**  
Health and Human Services | Texas Department of State Health Services

FUNCTION ▾ TOOLS ▾ HELP ▾ 

**MAJOR MAJOR , welcome to TxEVER Health Services!**

**Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records**


**Show Dashboard**


Dashboard filters: RECORD NOT FILED WITHIN 10 DAYS OF DEATH ▾

--Select a value--

- RECORD NOT FILED WITHIN 10 DAYS OF DEATH
- RECORD RETURNED FOR CORRECTION FROM STATE
- ALL UNRESOLVED**

EDR #	Medical Case Number	Date Of Death	Date Of Birth	Decedent	Case	Certifier
No records to display.						

Page 1 of 1 

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0 ©2017 | [Genesis Systems, Inc.](#) 

**Step 7: Select Death Module Tab to start the Medical part of Death Registration.**

**Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records**


**Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".**



**Helpful Tips**

The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Skip to main content GLOBAL DEATH FETAL DEATH | Home | LogOut


 TEXAS Health and Human Services | Texas Department of State Health Services

MAJOR MAJOR , welcome to the Texas Department of State Health Services

FUNCTION TOOLS HELP

- Medical Data Entry
- Medical Amendment
- Switch Location
- Exit Application

Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0 ©2017 | Genesis Systems, Inc. 

**Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry**

**Step 9: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.**



Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 0

MEDICAL DATA ENTRY

Help tips

Search for a Record

Save Current Record

CANCEL current changes since last save

Navigation buttons for switching between records in queue

Navigation buttons for switching between registration tabs

Start NEW Record

Demographic 1  
Demographic 2  
Demographic 3  
Demographic 4  
Demographic 5

State File Number:  
Birth State File Number:  
Record Type: --Select a value--

DECEDENT'S LEGAL

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: \* --Select a value-- Date of Death: \* / /

TIME OF DEATH

Time Of Death Type: --Select a value-- Time Of Death: . : Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: \* --Select a value-- Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: / / Age Units: --Select a value-- Age:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value--

DECEDENT'S SSN

SSN: - - - Social Security Missing Value Variable: --Select a value-- SSN Verification Status:

ACTIVITY:  
Field Name:  
Field Status:  
Action:  
Default Mode



Skip to main content GLOBAL DEATH FETAL DEATH

FUNCTIONS RECORD TOOLS HELP

LogOut

**Step 10: Click the drop down arrow to expand the list of available queues. Select "All Unresolved"**

Unresolved Work Queue Filter: --Select a value--

- All Unresolved
- Awaiting Medical Certification
- Medical Amendments
- Medical Data Entry Incomplete
- Pending Cause of Death
- Records filed with Registrar
- Rejected
- Sent to Medical Examiner/Coroner
- Submitted to Funeral Establishment

Unresolved Work Queue: --Select a value-- 1

PERSON, ANY, 2018/04/27

**Step 11: Click the drop down arrow to expand the list of available records assigned in the selected queue. Select the record to complete the Medical Tabs.**

Medical Data Entry

GENERAL INFORMATION

Birth State: --Select a value--

Prefix: --Select a value--

Middle Name: --Select a value--

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: \* --Select a value--

Date of Death: \* --Select a value--

TIME OF DEATH

Time Of Death Type: --Select a value--

Time Of Death: --Select a value--

Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: \* --Select a value--

Maiden Last Name: --Select a value--

DECEDENT'S DATE OF BIRTH

Date Of Birth: --Select a value--

Age Units: --Select a value--

Age: --Select a value--

DECEDENT'S BIRTHPLACE

DECEDENT'S SSN

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name: --Select a value--

Field Status: --Select a value--

Action: --Select a value--

Default Mode: --Select a value--

Helpful Tips

The Unresolved Work Queue will update showing how many records are in the queue after selecting which queue you would like to view on step 4.

Skip to main content GLOBAL DEATH FETAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: All Unresolved MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Unresolved List / Statistics

General Information

State File Number: Birth State File Number: Record Type: --Select a value--

Demographic 1: Prefix: --Select a value--

Demographic 2: Middle Name: --Select a value--

Demographic 3: Generation: --Select a value--

Demographic 4: Medical 1: --Select a value--

Demographic 5: Medical 2: --Select a value--

Medical 3: Date of Death Type: \* Date of Death: --Select a value--

Comments: TIME OF DEATH: --Select a value--

Field Name: Field Status: Action: Default Value: --Select a value--

Maiden Last Name: Age Units: --Select a value--

Age: --Select a value--

Decedent's Birthplace: Decedent's SSN

State/Country: (Please click checkbox to filter countries only) --Select a value-- SSN: --Select a value--

County Of Birth: --Select a value-- Social Security Missing Value Variable: --Select a value--

City Of Birth: --Select a value-- SSN Verification Status: --Select a value--

**Death Registration**

You have been designated on this record for Medical Certification. Click "Accept" to complete certification or you can "Reject" this record.

Accept Reject

**Step 12: Click "Accept" to start adding the Medical Data for the selected Record.**

**If you are not the Medical Certifier for this record, Click Reject. The Funeral Home will be notified to designate the correct Medical Certifier.**

Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue: --Select a value--

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Presumed Prefix

**DECEDENT'S PRESUMED NAME**

Prefix: --Select a value-- First Name: ANY  
 Middle Name: DEAD Last Name: PERSON  
 Suffix: --Select a value-- Sex: UNKNOWN  
 Medical Record Number: ME Case Number:

**CERTIFIER**

Certifier Type: PRONOUNCING AND CERTIFYING PHYSIC Certifier Name: MAJOR MAJOR  
 Certifier Office Name: AUSTIN REGIONAL CLINIC-AUSTIN Street Address: 300 WEST 49TH STREET  
 State/Country: TEXAS County: TRAVIS  
 City/Town: AUSTIN Zip: 78751  
 Zip Ext: Date Certifier Signed: / /  
 Certifier License: J4545

**DATE AND TIME OF DEATH**

Date Of Death: 04/27/2018 Time Of Death Type: --Select a value--  
 Time Of Death: Time Of Death Indicator: --Select a value--

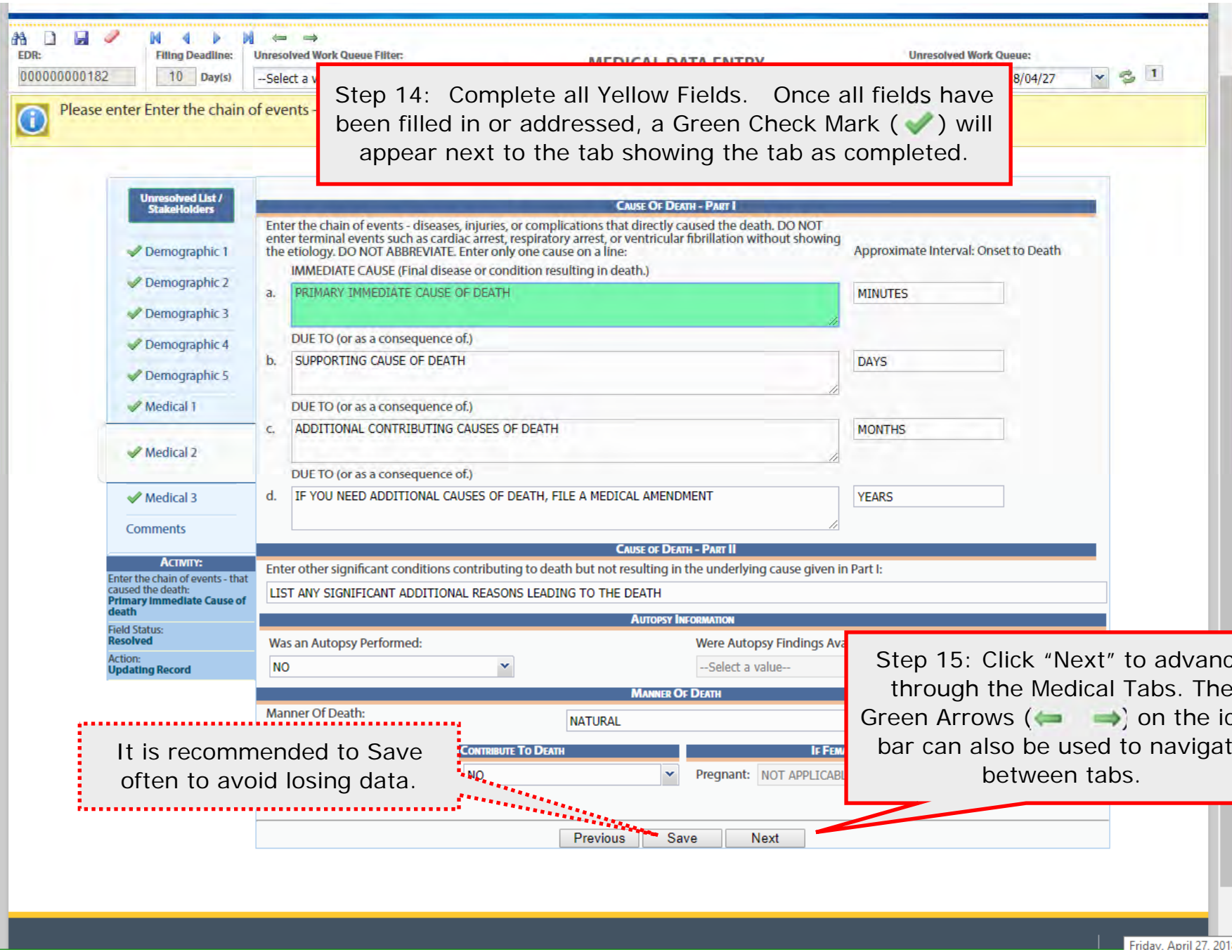
Yellow Fields still need to be addressed. If it has a Red Asterisk (\*), then it is mandatory. If not, select it and tab out to show it was reviewed.

Step 13: Click "Medical 1" Tab

Some Fields, though not mandatory, want to verify you intended to leave blank or gives you the option to complete later.

Mandatory fields on the Medical Tabs will ask you if you want to complete them later if you click or tab into the field and then tab out without completing.





Step 14: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

It is recommended to Save often to avoid losing data.

Step 15: Click "Next" to advance through the Medical Tabs. The Green Arrows (← →) on the icon bar can also be used to navigate between tabs.

Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services

LogOut

RECORD TOOLS HELP

Medical Data Entry

EDR: 000000000182 Filing Deadline: 10 Day(s)

Please enter Enter the chain of events - that caused the death A

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3

Comments

ACTIVITY:

Enter the chain of events - that caused the death: PRIMARY IMMEDIATE CAUSE OF DEATH

Field Status: Resolved

Action: Updating Record

ANY INJURY INFORMATION TO REPORT

Any Injury Information To Report: --Select a value--

TRANSPORTATION INJURY INFORMATION

Was injury related to a transportation accident: --Select a value--

Decedent's Role In Tra: --Select a value--

(Specify):

DATE AND TIME OF INJURY

Date of Injury: / /

Injury Time: : :

AM/PM: --Select a value--

PLACE OF INJURY

Injury at Work: --Select a value--

Place of Injury:

Street Address:

Apt:

State/Country: (Please click checkbox to filter countries only)

County: --Select a value--

City/Town: --Select a value--

City(Other):

Zip: --SELECT A VALUE--

Zip Ext:

DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED

Describe how injury occurred:

Step 16: Once all Medical tabs are completed, Click the drop down arrow to select Medical Certification.

Search

New

Save

Print

Cancel

Drop to Paper

Process Medical Amendment

Demographic Designation

Refer to JP/Medical Examiner

Medical Certification

Release

De-Certify

Abandon

https://bxevev.dshs.texas.gov/TxEVERUI/Death/GUI/Medical Data Entry/MedicalDataEntry.aspx?FromWhere=Dashboard# Save Next



EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: All Unresolved

### MEDICAL DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

#### Medical Certification

DECEDENT'S INFORMATION	
First Name:	.ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

DEATH INFORMATION	
Date of Death:	04/27/2018
Time of Death:	08:30 MILITARY
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Certification

Verify the information is correct.  
Preview the record by clicking the "Preview" button.

Activity:  
Field Name:  
Field Status:  
Action:  
Retrieving Record



### MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>ANY DECEASED PERSON</b>		DATE OF DEATH (mm-dd-yyyy) <b>04/27/2018</b>	
PLACE OF DEATH (CITY OR TOWN AND COUNTY) <b>SETON NORTHWEST HOSPITAL, AUSTIN, TRAVIS</b>		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER: <b>MAJOR MAJOR, BY ELECTRONIC SIGNATURE</b>	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER <b>J4545</b>	30. TIME OF DEATH (Actual or presumed) <b>08:30 AM</b>
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>MAJOR MAJOR, 300 WEST 49TH STREET, AUSTIN, TX 78706</b>		32. TITLE OF CERTIFIER <b>MD</b>	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE UNDERLYING CAUSE. ENTER ONLY ONE CAUSE ON A EACH.  IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PRIMARY IMMEDIATE CAUSE OF DEATH Due to (or as a consequence of):  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST b. SUPPORTING CAUSE OF DEATH Due to (or as a consequence of):  c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH Due to (or as a consequence of):  d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT			Approximate interval Onset to death  MINUTES  DAYS  MONTHS  YEARS
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. <b>LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH</b>		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably unknown	38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR (MM-DD-YYYY)	42c. REGISTRAR <b>FINAL DESTINATION FUNERAL HOME - AUSTIN, ELECTRONICALLY FILED</b>	

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and fines up to \$10,000. (Health and Safety Code, Sec. 193.0039)

VS-174 REV 1/2006

Review the information and ensure nothing was missed. This includes the Date of death, Time of Death, and Cause of death.

**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: ANY  
 Middle Name: DECEASED  
 Last Name: PERSON  
 Generational ID:

**DEATH INFORMATION**

Date of Death: 04/27/2018  
 Time of Death: 08:30 MILITARY  
 Place of Death: SETON NORTHWEST HOSPITAL

Preview Cancel Certification

**PLEASE ENTER PIN**

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Ok Cancel

Step 17: After Previewing the record, Click "Certification" to expand the section.

Step 18: Click the box to verify you have reviewed the data and you agree with the statement. Enter your PIN then click "OK"

What if I forgot my Pin?  
 Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

Step 19: Click "OK" to complete the Medical Certification.

**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: ANY  
 Middle Name: DECEASED  
 Last Name: PERSON  
 Generational ID:

Date of Death:  
 Time of Death:  
 Place of Death:

**Death Registration**

Are you sure you are ready to certify the record?

Yes No

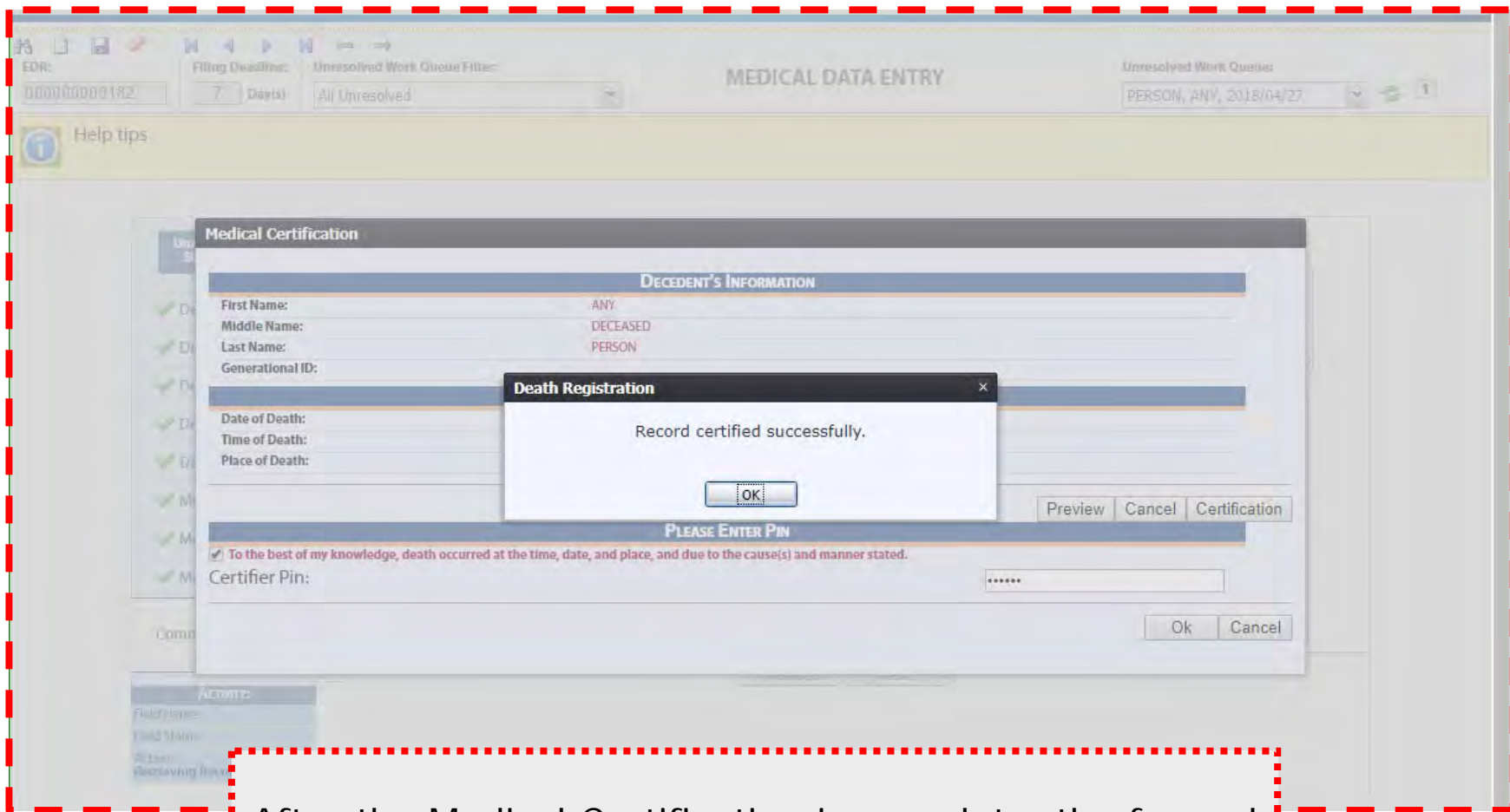
review Cancel Certification

**PLEASE ENTER PIN**

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Ok Cancel



After the Medical Certification is complete, the funeral home will receive notification that it is ready to go. The record will stay in your queue until the Funeral Home signs and releases the Demographics.

# APPENDIX

## Unresolved Work Queue Filters

- **All Unresolved:** Unresolved Work Queue will list all records that are unresolved for any reason.
- **Awaiting Medical Certification:** Unresolved Work Queue will display all records that are waiting for the Medical Certification.
- **Medical Amendment:** Unresolved Work Queue will display all records that that have a medical amendment started and are waiting for completion.
- **Medical Data Entry Incomplete:** Unresolved Work Queue will display all records that are waiting the medical data to be completed.
- **Pending Cause of Death:** Unresolved Work Queue will display all records that have been flagged with a Pending cause of death.
- **Records Filed with Registrar:** Unresolved Work Queue will display all records that are waiting on the Local Registrar to accept and print.
- **Rejected:** Unresolved Work Queue will display all records that were rejected by either the medical certifier, state registrar, or the local registrar.
- **Sent to Medical Examiner:** Unresolved Work Queue will display all records that are waiting for the medical examiner.
- **Submitted to Funeral Establishment:** Unresolved Work Queue will display all records that were started by a medical examiner or justice of the peace and have been assigned to the funeral establishment to complete.



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# **TxEVER**

## **How-To Death Registration – Medical Amendment for ME and JP**

---

### **Provider Readiness and Training**

# Medical Amendment (ME & JP)

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## **TxEVER medical amendment features:**

- Medical Amendment Data Entry available after a record is fully registered at state and local levels;
- Comprehensive Cause of Death reporting; and
- Medical Certification with electronic signature.



# Medical Amendment (ME & JP)



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The screenshot shows the web application interface for the Texas Department of State Health Services. At the top, there are navigation tabs for "GLOBAL" and "DEATH". Below this is a header with the Texas logo and the text "Texas Department of State Health Services". A navigation menu includes "FUNCTION", "TOOLS", "REPORTS", and "HELP". A dropdown menu is open under "FUNCTION", showing options: "Medical Data Entry", "Statistical Import Review", "Medical Amendment", "Switch Location", and "Exit Application". A "Show Dashboard" button is visible on the right. Three red-bordered callout boxes provide instructions: Step 1 points to the "DEATH" tab; Step 2 points to the "FUNCTION" dropdown arrow; Step 3 points to the "Medical Amendment" option in the dropdown menu.

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Department of State

GAETAN C Texas Department of State Health Services!

FUNCTION TOOLS REPORTS HELP

Medical Data Entry  
Statistical Import Review  
Medical Amendment  
Switch Location  
Exit Application

Show Dashboard

Step 1: Select the Death Module Tab to start the Medical part of death registration.

Step 2: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry.

Step 3: Select "Medical Amendment" to locate a death record or to search, save, or reject a record from the work queue.

# Medical Amendment (ME & JP)



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Step 4: Search for a Death Record.

Step 5: Enter searchable data.

Step 6: Click "Search" and select a death record. Click "Select Record(s)" to be taken to the medical data entry for the selected record.

Medical Amendment

Death Search

Wild-Card  Soundex

**DECEDENT'S ACTUAL INFORMATION**

EDR Number:

Date Of Death: (ex. 00/00/2012 if month and day are not known, 02/00/2012 if day is not known.) \*

Decedent's First Name:

Decedent's Middle Name:

Decedent's Last Name:

Decedent's SSN:

**DECEDENT'S PRESUMED INFORMATION**

Medical Record Number:

**RECORD INFORMATION**

State File Number:

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number
0000000000000083	01/01/2018	PARIS		CLINTON	502-50-1234	0002282018	
0000000000000086	01/02/2018	DENZAL	NO	JORDAN	777-88-8999	0002272018	
0000000000000088	01/03/2018	FRED	LEBRON	STARBROUGH	438-15-5555	0002262018	
0000000000000090	01/05/2018	AMIEE		YEAST	436-66-2222	0002252018	
0000000000000063	01/24/2018	THE WICKED	WITCH	OF THE EAST	867-53-0911	0002062018	
0000000000000022	03/05/2018	SISYPHUS	THAT	GUY	554-25-0807	0001992018	

Page 1 of 1

Displaying Records 1 - 26 of 26

Search Select Record(s) Clear Close

# Medical Amendment (ME & JP)



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Skip to main content GLOBAL DEATH [Location] [User] [Home] [Mail] [Logout]

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FUNCTIONS RECORD TOOLS HELP

MEDICAL AMENDMENT Unresolved Work Queue: CLINTON, PARIS, 01/01/2018 1

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date Of Birth:	12/01/1975
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS
Place Of Death County:	DALLAS
Place Of Death Town:	DALLAS

DECEDENT'S PRESUMED INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

MANNER OF DEATH	
Manner Of Death:	NATURAL

Go

Step 7: After verifying that this is the record that needs to be amended, click "GO."

# Medical Amendment (ME & JP)



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FUNCTIONS RECORD TOOLS HELP

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	CLINTON
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date Of Birth:	
Decedent's State/Country Of Birth:	
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS

MANNER OF DEATH	
Manner Of Death:	NATURAL

TIME OF DEATH INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

**Medical Amendment**

Are you sure you want to add a medical amendment to this record?

Go

Step 8: Click "Yes" to access the record.

# Medical Amendment (ME & JP)



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PROCESS ▾



EDR:  
0000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue:

CLINTON, PARIS, 01/01/2018 ▾

Help tips

<b>Unresolved</b>	<b>CAUSE OF DEATH - PART I</b>
Demographic 1	Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: <span style="float: right;">Approximate Interval: Onset to Death</span>
Demographic 2	<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death.) <span style="float: right;">MONTHS</span>
Demographic 3	a. <b>CONGESTIVE HEART FAILURE</b> <span style="float: right;">✎</span>
Demographic 4	b. DUE TO (or as a consequence of.) <span style="float: right;">✎</span>
Demographic 5	c. DUE TO (or as a consequence of.) <span style="float: right;">✎</span>
Medical 1	d. DUE TO (or as a consequence of.) <span style="float: right;">✎</span>
Medical 2	
Medical 3	<b>CAUSE OF DEATH - PART II</b>
Comments	Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <span style="float: right;">✎</span>
<b>ACTIVITY:</b>	
Field Name:	
Field Status:	
Action:	
Retrieving Record	
	<b>AUTOPSY INFORMATION</b>
	<b>Was an Autopsy Performed:</b> <span style="float: right;">✎</span>
	NO <span style="float: right;"><b>Were Autopsy Findings Available to Complete Cause of Death:</b> <span style="float: right;">✎</span></span>
	<b>MANNER OF DEATH</b> <span style="float: right;">✎</span>
	<b>DID TOBACCO USE CONTRIBUTE TO DEATH</b> <span style="float: right;">✎</span>
	<b>IF FEMALE (AGED 10-54) PREGNANT</b> <span style="float: right;">✎</span>
	<b>Tobacco use contribute to death:</b> <span style="float: right;">✎</span>
	YES <span style="float: right;"><b>Pregnant:</b> <span style="float: right;">✎</span></span>
	NOT PREGNANT WITHIN THE PAST YEAR

Step 9: Go to the appropriate Medical Tab and click "✎" to edit or change the medical data.

# Medical Amendment (ME & JP)



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Health Services

EDR: 000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

Please enter Approximate Interval: Onset To Death A.

**Unresolved**

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

**ACTIVITY:**

Approximate Interval: Onset To Death A: 5 MONTHS

Field Status: Resolved

Action: Updating Record

**CAUSE OF DEATH - PART I**

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: Approximate Interval: Onset to Death

**IMMEDIATE CAUSE (Final disease or condition resulting in death.)** MONTHS

a. CONGESTIVE HEART FAILURE

DUE TO (or as a consequence of.)

b. DUE TO (or as a consequence of.)

c. DUE TO (or as a consequence of.)

d. DUE TO (or as a consequence of.)

**CAUSE OF DEATH - PART I**

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: Approximate Interval: Onset to Death

**IMMEDIATE CAUSE (Final disease or condition resulting in death.)** 5 MONTHS x

a. CONGESTIVE HEART FAILURE

DUE TO (or as a consequence of.)

b. DUE TO (or as a consequence of.)

c. DUE TO (or as a consequence of.)

d. DUE TO (or as a consequence of.)

**Comments**

test

Confirm Changes

Step 10: Edit the field, then click "Confirm Changes" to save the amended data.



# Medical Amendment (ME & JP)



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PROCESS



EDR: 000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

Please enter Approximate Interval: Onset To Death A.

Unresolved	CAUSE OF DEATH - PART I
Demographic 1	Enter the chain of events, symptoms or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter on a line: Approximate Interval: Onset to Death
Demographic 2	IMMEDIATE CAUSE (Final disease or condition) CONGESTIVE HEART FAILURE 5 MONTHS
Demographic 3	a. DUE TO (or as a consequence of.)
Demographic 4	b. DUE TO (or as a consequence of.)
Demographic 5	c. DUE TO (or as a consequence of.)
Medical 1	d. DUE TO (or as a consequence of.)
Medical 2	
Medical 3	CAUSE OF DEATH - PART II
Comments	Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: RESPIRATORY ARREST
ACTIVITY:	AUTOPSY INFORMATION
Approximate Interval: Onset To Death A: 5 MONTHS	Was an Autopsy Performed: NO
Field Status: Resolved	Were Autopsy Findings Available to Complete Cause of Death:
Action: Updating Record	MANNER OF DEATH
	Manner Of Death: NATURAL
	DID TOBACCO USE CONTRIBUTE TO DEATH
	Tobacco use contribute to death: YES
	IF FEMALE (AGED 10-54) PREGNANT
	Pregnant: NOT PREGNANT WITHIN THE PAST YEAR

Step 11: Click "Submit to State Review" in the Process menu or click "✓."

# Medical Amendment (ME & JP)



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**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: PARIS  
Middle Name:  
Last Name: CLINTON  
Suffix:

**DEATH INFORMATION**

Date of Death: 01/01/2018  
Time of Death: 12:00 PM  
Place of Death: PARKLAND MEMORIAL HOSPITAL-POD-DALLAS

**PLEASE ENTER PIN** Cancel Certification

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Forgot PIN Ok Cancel

Step 12: After Previewing the record, Click "Certification" to expand the section.

Step 13: Click the box to verify data review and to agree with the statement. Enter the PIN, then click "OK."

**Medical Certification**

**DECEDENT'S INFORMATION**

First Name: PARIS  
Middle Name:  
Last Name: CLINTON  
Suffix:

Date of Death:  
Time of Death:

**Death Registration**

Are you sure you are ready to certify and submit the medical amendment(s) for this record?

Yes No

**PLEASE ENTER PIN** Cancel Certification

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin:

Forgot PIN Ok Cancel

Step 14: Click "Yes" to complete the Medical Certification.

# Medical Amendment (ME & JP)



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The screenshot displays the 'Medical Certification' web application interface. The main form is titled 'DECEDENT'S INFORMATION' and contains fields for First Name (PARIS), Middle Name, Last Name (CLINTON), Suffix, Date of Death, Time of Death, and Place of Death. Below these fields is a section titled 'PLEASE ENTER PIN' with a checked checkbox and the text 'To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated.' and a 'Certifier Pin' input field. A 'Forgot PIN' button is located at the bottom left of the form. A 'Medical Amendment' dialog box is overlaid on the form, displaying the message 'Record submitted Successfully' and an 'OK' button. The dialog box is highlighted with a red arrow pointing to the 'OK' button. The main form also has 'Cancel' and 'Certification' buttons at the bottom right.

Step 15: Click "OK" to complete the submission process.

# Medical Amendment (ME & JP)



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FUNCTIONS RECORD TOOLS HELP



## MEDICAL AMENDMENT

Unresolved Work Queue:

CLINTON, PARIS, 01/01/2018 1

### Hide More Info

Description	Set By	Set On	Comment
MEDICAL AMENDMENT IN PROGRESS	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM
MEDICAL AMENDMENT PENDING	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM
DO NOT ISSUE	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	CLINTON
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date:	
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

After the Medical Certification is complete, the State will review the record.

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS
Place Of Death County:	DALLAS
Place Of Death Town:	DALLAS

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

DECEDENT'S PRESUMED INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

MANNER OF DEATH	
Manner Of Death:	NATURAL

Go

# Thank You



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If you have any questions, please contact your TxEVER Field Services team at [TxEVERinfo@dshs.texas.gov](mailto:TxEVERinfo@dshs.texas.gov) or (512) 776-3010.

Please continue to visit our website at <http://www.dshs.texas.gov/vs/field/The-TxEVER-Project/> for the latest updates.



# Vital Statistics Criminal Background Check Requirement



DSHS is continuing to roll out a phased implementation of criminal background checks for all users who access TxEVER, per Health and Safety Code §191.071. TxEVER users will need to meet this requirement.

## How Do I Schedule Fingerprinting?

- Schedule an appointment with the fingerprint vendor, Identogo, online at <https://www.identogo.com>. Choose the location using the "Find the nearest Identogo center" search bar. Select location from list and "Schedule Appointment". Choose "Digital Fingerprinting" services, input DSHS Service Code 11H6J9, and schedule your appointment.
- Arrive at your scheduled appointment with the DSHS Service Code, ORI number, your driver's license, and fee payment. See the **Background Check Fees** section on this flyer for a breakdown of fees.
- If you do not have a valid Texas Driver's License, please visit: <https://www.identogo.com> or call 1-888-467-2080 to determine what documentation will suffice.
- After fingerprints have been submitted, request a purchasing receipt from Identogo. Do not throw away your receipt.
- Results should be ready within 10 business days.

## Mail-In Submissions

- Complete a legible set of fingerprints on a DPS-approved card from a local law enforcement agency.
- Pre-enroll your fingerprint online or on the phone.
- Complete payment with Identogo.
- Print and mail authorization letter with fingerprint card to Identogo.
- Contact Identogo or visit <https://www.identogo.com> for full description of mail-in process.



# Vital Statistics Criminal Background Check Requirement

## Criminal History Evaluation

After receiving background check results, DSHS will assess the risk associated with the user's background history to determine TxEVER access.

## Background Check Fees

**Total Cost: \$41.50**

IdentoGO: \$13.25

DPS: \$15.00

FBI: \$13.25

Cost varies for mail-in submissions. Visit <http://www.identogo.com> or call 1-888-467-2080 for more info.

## FAQs

### ***I live out-of-state; how do I submit my fingerprints?***

A specific mail-in process is required for out-of-state users. A fingerprint card must be mailed to Identogo. This service will require an additional cost. Visit:

<https://www.identogo.com> or call 1-888-467-2080 for additional information.

### ***How long until my results are ready?***

Once the information is received, it will take approximately 10 business days for results to be ready. Results are then mailed to the user.

### ***What kind of criminal information will be pulled?***

The background check will search for state and federal criminal activity nationwide, and any information from the Sex Offender registry.

### ***What if I am convicted of a crime after my background check?***

Users who commit additional crimes must report it to DSHS within five days. If a user does not report additional criminal activity, the agency will receive notice from DPS and/or FBI.

### ***Will my results be private?***

Yes, you will receive a letter in the mail with your results. However, if your criminal history is considered unacceptable, you will no longer have access to TxEVER.

### ***Will there be additional communication regarding this change?***

Yes. DSHS will communicate necessary information to users via email and GovDelivery.

