

## Creating A New Death Case: Personal Information

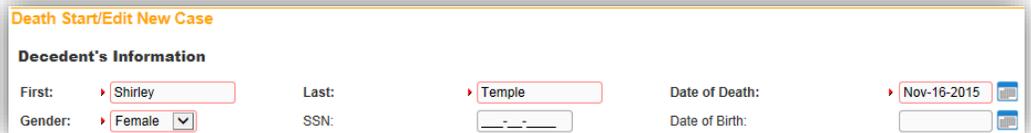
**Note:** To avoid duplication of cases, before you create a new case you must perform a **Death Start/Edit New Case** search to determine if the case was already started by another party.

- 1 Click the **Death Start/Edit New Case** link on your Home page to search for existing cases that match the one on which you are working.

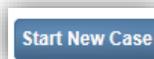


**Note:** The **Death Locate Case** search is only used to locate cases you have already started.

- 2 Enter the required data and click the **Search** button.



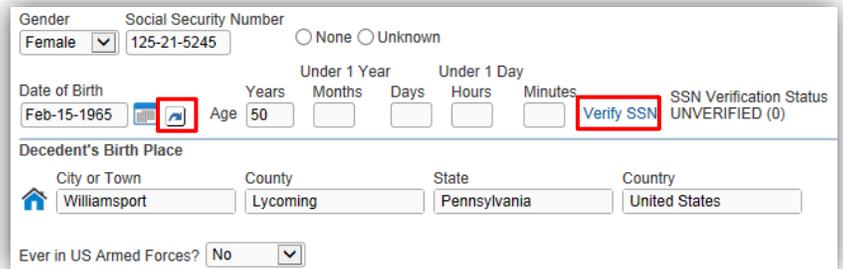
- 3 If you find a matching case, click the **Decedent's Name** link to open the case.  
If you cannot not find any matching cases click the **Start New Case** button.



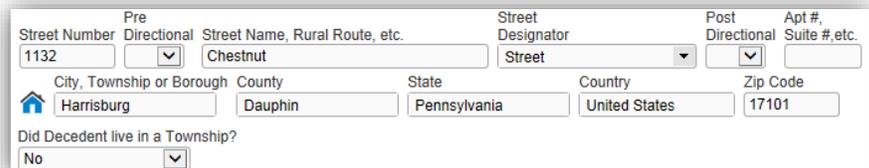
**Note:** If you know the case was started but cannot find it, ask exactly how this data was entered and search again.

- 4 Decedent screen:
- Enter the required data
  - Click  to calculate the **Age**
  - Verify the SSN
  - Click the **Next** button

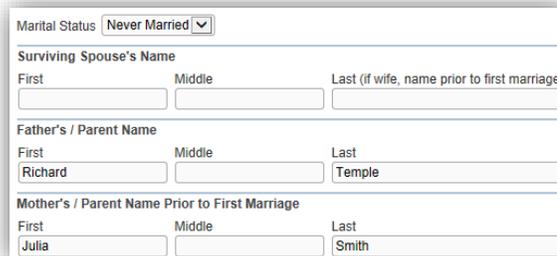
**Note:** For detailed information on the SSN validation process, reference **QRS-2002, Verifying the Social Security Number.**



- 5 Resident Address screen:
- Enter the required data
  - Click the **Next** button



- 6 Family Member's screen:
- Enter the required data
  - Click the **Next** button



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## Informant screen:

- Enter the required data
- Click the **Next** button

First	Middle	Last	Suffix
Barbara		Temple	
Relationship to Decedent <span>Sister</span> <input type="button" value="Other specify"/>			
Address			
Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc	Street Designator
222	<input type="button" value="West"/>		Avenue
City or Town	State	Country	Zip Code
Harrisburg	Pennsylvania	United States	17101

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## Disposition screen:

- Enter the required data
- Use the  to select the FD (if not displaying)
- Use the  to select the Filing Registrar Office
- Click the **Next** button

**IMPORTANT:** You must use the **Lookup** search () to locate/select the funeral director information. Manually entering this information will generate an error that will prevent the funeral director from signing the case.

**Note:** For detailed information on entering the local registrar information, reference **QRS-2049, Selecting a Local Registrar**.

Method of disposition	<span>Burial</span> <input type="button" value="Other Specify"/>		
Date of Disposition	<span>Nov-23-2015</span> <input type="button" value="Calendar"/>		
Did Medical Examiner/Coroner approve Cremation Clearance/Medical Donation? <span>No</span> <input type="button" value="Yes"/>			
Cremation Clearance Authorized By:			
First	Middle	Last	
Place of disposition			
Place of Disposition 			
<span>Eternal Rest Funeral Home</span>			
City or Town	State	Country	
Harrisburg	Pennsylvania	United States	
Funeral Director 			
License Number <span>FD082015L</span>			
First	Middle	Last	Suffix
Gomez		Addams	
Funeral Home			
Business Registration Number <span>Lookup</span> 			
<span>Eternal Rest Funeral Home</span>			
Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator
159	<input type="button" value="Drive"/>	Eternal	Drive
City or Town	State	Country	Zip Code
Harrisburg	Pennsylvania	United States	17110
Filing Registrar			
Filing Registrar Office 			
<span>White, Betty: 99-999</span>			
Registrar 			
First	Middle	Last	
Betty		White	

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## Decedent Attributes screen:

- Enter the required data
- Click the **Save** button

Decedent's Occupation	Decedent's Industry		
<span>Actress</span>	<span>Movie Industry</span>		
Decedent's Education <span>Bachelor's degree (e.g. BA, AB, BS)</span>			
Ancestry			
Decedent of Hispanic Origin?	Other Hispanic, Specify		
<span>No, not Spanish/Hispanic/Latino</span>			
Decedent's Race			
What race did decedent consider himself to be?(More than one race can be indicated)			
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other(Specify)
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Don't know/Not Sure
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Refused
<input type="checkbox"/> Chinese			
Single Race Self Designation? <span>White</span>		Other (Specify) <input type="text"/>	

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Place of Death screen:

- Select the **Type of Place of Death**
- Use the  to select the **Facility Name**
- Click the **Save** button
- If the facility does not appear in the lookup, email the facility name and address to RA-DHDeathSupport@pa.gov

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Click the **Validate Page** button to validate all of the data entered.

Validate Page

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If needed, correct or override validation errors and re-validate.