



OFFICE OF VITAL RECORDS

VITAL RECORDS INFORMATION

SYSTEM MANAGEMENT

Electronic Birth Registration System (EBRS) Manual

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VRISM

VRISM is an acronym for Vital Records Information System Management. This system allows electronic registration and issuance of birth, death, marriage, and divorce certificates, as well as reports of fetal death, to be registered and issued electronically across the state of Tennessee. In this training, you will learn about registering birth certificates.

The fields and data rules for this system comply with both state and federal guidelines.

Statistical Elements

The Certificate of Live Birth and Report of Fetal Death provide medical and health information that is used extensively in research, planning, and evaluating programs related to maternal and child health. This information is also used to estimate population growth, which is vital for planning schools, transportation, and other government agencies.

Local, state, and national vital statistics are compiled on the number and rate of births by characteristics such as place of birth, mother's age and background, prenatal care, birthweight, conditions of the labor and the baby's first health assessments. **Complete and accurate registration is an essential service to the individual named on the record, the community, and the State.**

Users are required to enter these essential statistical items on tabs 1-12. If you have any questions about how to complete any of these items, please refer to the *Guide to Completing Birth and Fetal Death Reports* available at: <https://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf>

Logging into VRISM

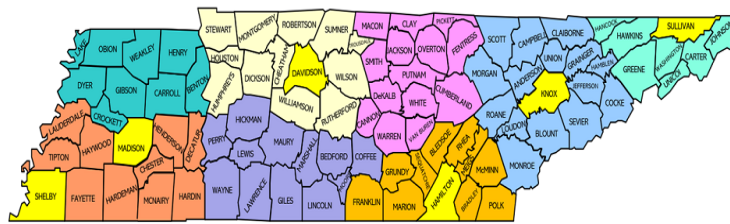


MAILING ADDRESS
Tennessee Office of
Vital Records
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE
1-855-VRISMTN
1-855-874-7686

Help Links:
Resetting Your Password
Medical Certifier Guide
Email the Help Desk

Please note
new interactive
links to the left



TENNESSEE VRISM

The purpose of the Tennessee Vital Records Information system Management (VRISM) is to support the registration of Tennessee vital events for the Tennessee Department of Health. The system may be used only for the purpose for which it is provided. Any attempt to file a fraudulent vital event is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering and/or issuing a vital record for events occurring in the state of Tennessee. The TCA defines "vital record" as "certificates or reports of birth, death, marriage, divorce or annulment and other records related thereto." (68-3-102 (17))

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN

This is the VRISM login screen. Please note that on the left side of the screen you will see the mailing address and the VRISM Help Desk phone number. If you have any questions, you can call this number for assistance. You can start the four-step login process by clicking the blue "Login" button at the bottom of the screen.

Link to VRISM login screen: <https://vrism.tn.gov/vrism/>

Step One: Username

The first step is entering your username. This will be assigned to you after you submit a user agreement form. Please note that all fields in the login process are case-sensitive, so make sure to type in your information exactly as given to you.

Step Two: Security Questions

Secret Question

In what city did you meet your spouse/significant other?


ContinueReset

Forgot Answer?

Next, you will answer one of your three selected security questions. Please note that all fields are case-sensitive.

Step Three: Security Image and Phrase

Identify Image



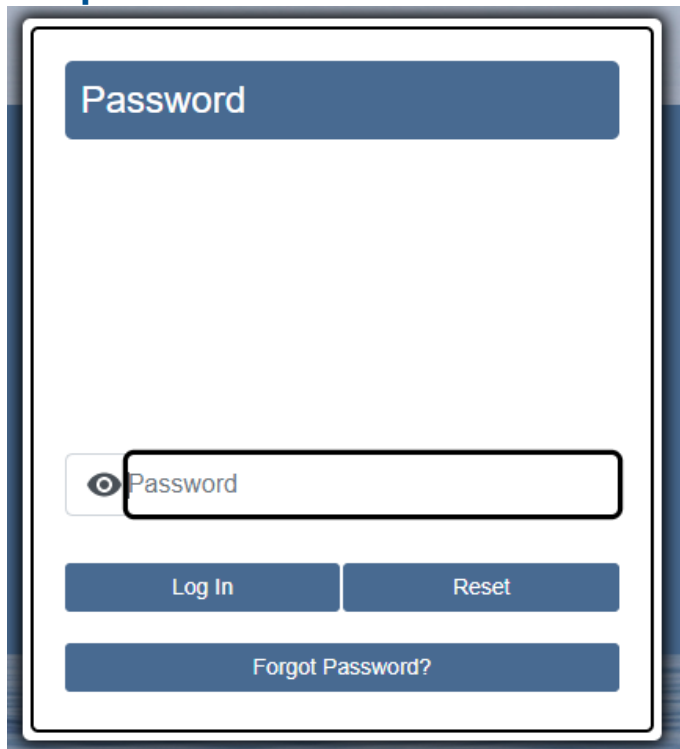
VRISM

ContinueCancel

Forgot Image or Key?

The third step is verifying the image and phrase on the screen. These will also be personalized in the account activation process. If you get an image and phrase that are not the ones you set, please close this page and restart the login process.

Step Four: Password



The fourth step is entering in your password (personalized in the activation process) and pressing “Log In.” If you are taken back to the first step, the username screen, try logging in again or, if the issue persists, contact the VRISM Help Desk at (855) 874-7686. HIPAA guidelines indicate that passwords should never be shared with other users.

Troubleshooting:

The login process works in a cascading manner; every step of the login process must be entered correctly in order to gain access to the VRISM system. Although the system will never tell you if you’ve entered something incorrectly, you will see information that you don’t recognize on the subsequent screen.

For example, you might get a security question that you would not have chosen. This would mean that you entered your username incorrectly on the previous screen. Likewise, if you see an image and phrase that are not the image and phrase you selected, this means you’ve answered your security question incorrectly.

In the event this occurs, please restart the login process. If the issue persists, please contact the VRISM Help Desk for assistance at (855) 874-7686.

Users Assigned to Multiple Locations

If a user works in multiple locations, they will need to select the location after logging in. This can be done by clicking the name of the desired location.



You can switch locations as needed by clicking on the edit button at the top right corner of the page.



If a user has only one location, it will open to the main screen.

VRISM - Vital Records

Birth

Pending

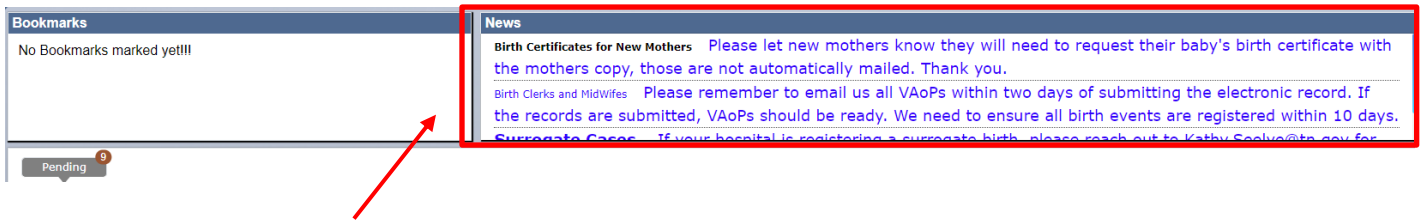
Details	Last Name	First Name	Middle Name	DOB	Mother's Maiden First	Mother's Maiden Last	Facility	County	SFN	Certificate Indicator	Status	Action
✓	SIENKO	BABY		05/01/2023	MOMMA	SIENKO	KATHY HOSPITAL	HAMBLEN			Not submitted	✕
✓	SIENKO	SISTER		05/01/2023	MOMMA	SIENKO	KATHY HOSPITAL	HAMBLEN			Not submitted	✕
✓	SMITH	BABY		04/01/2024	MOTHER	TEST	KATHY HOSPITAL	HAMBLEN			Not submitted	✕

1 to 3 of 3

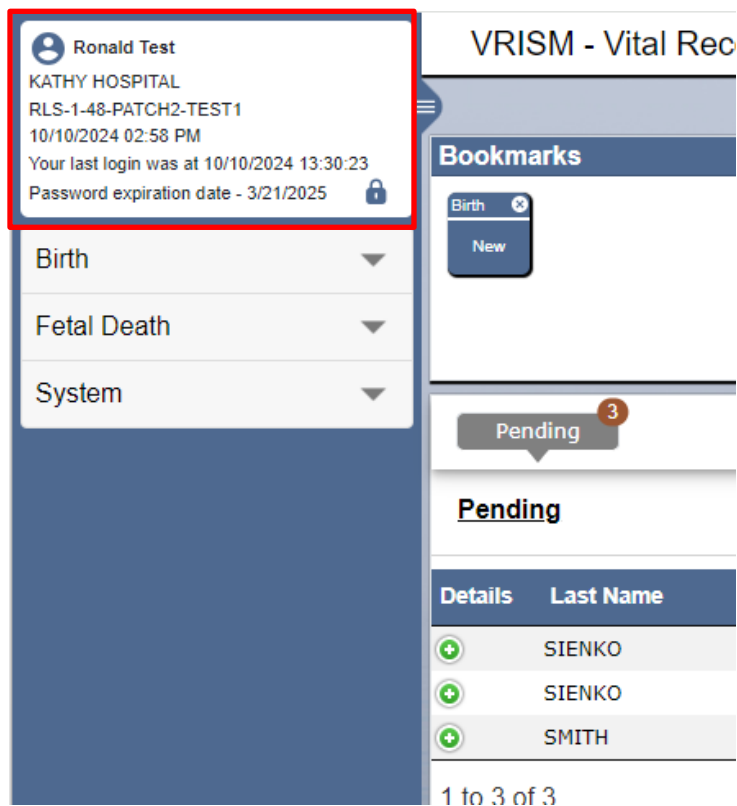
Rows per page: 25

VRISM Main Page and News Section

Once you have logged in (and selected location), you will see the main page.



If there are messages from the State, they will be under the news tab. VRISM is continually being improved and updated, so please check this tab when you log in.



The upper left side of the screen will show your user information and when your current password will expire. If this information is incorrect, please contact the VRISM help desk at 855-874-7686

Filing a Single Birth Event

Tab 1: Baby and Mother

Create a New Birth record by clicking:

Main → Birth → Create → New.

The screenshot shows the 'Birth' form with the following sections:

- Mother's Med Record No and Newborn Specimen Control No**: Fields for Mother's medical record number and Newborn screening specimen control number.
- Special Circumstances of this Birth**: Checkboxes for Foundling, Safe haven, and Surrogate.
- M1 Baby's Name**: Fields for First, Middle, Last, and Suffix list.
- Affidavit to Name Child**: Field for Affidavit required for naming child? (No).
- F1 Date of Birth**: Field for Date of birth (mm/dd/yyyy).
- F2 Time of Birth**: Fields for Time of birth and Time indicator.
- F3 Sex**: Field for Sex.
- M2 Mother's Current Legal Name**: Fields for First, Middle, Last, and Suffix list.
- M5 Mother Ever Married**: Field for Has the Mother ever been married? (Select).
- M6 Mother's Name Prior to First Marriage**: Fields for First, Middle, Last, and Suffix list.

Navigation buttons at the bottom: Previous, Next, Finish, Cancel.

This will open the record to tab 1, or the Baby and Mother tab. Enter all required information. Please note that in order to move to the next page or save the record, at minimum, you must enter the baby's last name, date of birth, and sex.

Pursuant to TCA §§ 68-3-305, the last name must follow:

- (A) The surname of the natural father
- (B) The surname of the mother
- (C) The mother's maiden surname; or
- (D) Any combination of the surnames listed in subdivisions (A)-(C)

To *move to the next* tab, click "Next" at the bottom of the screen.

To *save* an unfinished record, click "Finish" at the bottom of the screen. The subsequent screen will show you information missing from the record. Scroll to the bottom of the screen and click the "Save (as Pending)" button.

The record will **not save automatically** and will time out after 15 minutes of inactivity, so it's strongly suggested that you save regularly.

For more information on saving, see page 31.

Tab 2: Mother

Continue on Tab 2 with the mother's information.

Birth -- First:DOC Last:TEST Date of birth (mm/dd/yyyy):10/01/2024

M3 Mother's Date of Birth Date of birth (mm/dd/yyyy) <input type="text"/> Calculated age <input type="text"/> <input type="checkbox"/> Verify mother's age	M9 Mother's Mailing Address <input type="checkbox"/> Same as residence US Address search <input type="text" value="Street Address"/> <input type="checkbox"/> Check to edit address selected or if unable to find address Street and number <input type="text"/> Apartment number <input type="text"/> Country <input type="text" value="Select"/> State/province <input type="text" value="Select"/> City list <input type="text" value="Select"/> City or town <input type="text"/> Zip code <input type="text"/>
M4 Mother's Birthplace Country <input type="text" value="Select"/> State/province <input type="text" value="Select"/>	M10 Mother's Education Highest degree or level of school <input type="text" value="Select"/>
M7-8 Mother's Residence Address <div style="border: 2px solid red; padding: 2px;"><input type="text" value="Street Address"/> <input type="checkbox"/> Check to edit address selected or if unable to find address</div> Street and number <input type="text"/> Apartment number <input type="text"/> Country <input type="text" value="Select"/> State/province <input type="text" value="Select"/> County <input type="text" value="Select"/> City list <input type="text" value="Select"/> City or town <input type="text"/> Zip code <input type="text"/> Inside city or town limits? <input type="text" value="Select"/>	M11 Mother of Hispanic Origin? <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian)Specify other <input type="text"/> <input type="checkbox"/> Unknown

Previous Next Finish Cancel

From the Mother's worksheet, enter or select dropdown information in:

M3 Mother's Date of Birth

M4 Mother's Birthplace



M7-8 Mother's Residence Address (This is now working as an address validation)

Start typing the current address for the Mother, as you type you will see a drop down appear that contains the proper address, select the appropriate address and it will populate all of the fields.

If a valid address does not populate, then check the box to add an address manually.

M9 Mother's Mailing Address (this is also now work as an address validation, follow the steps as indicate for M7-8 Mothers Residence Address

M10 Mother's Education

M11 Mother of Hispanic Origin

Then, click "Next."

Tab 3: Mother (continued)

Birth -- First: *DOC* Last: *TEST* Date of birth (mm/dd/yyyy): 10/01/2024

M12-13 Mother's Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principle tribe <input type="text"/> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Other Asian, Specify <input type="text"/> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Other Pacific Islander, Specify <input type="text"/> <input type="checkbox"/> Other race Other, Specify <input type="text"/> <input type="checkbox"/> Unknown Mother's primary race <input type="text"/>	M14 WIC Did mother participate in WIC program? <input type="text"/> Select <input type="button" value="v"/> M15 Mother's Height Feet <input type="text"/> Inches <input type="text"/> M16 Mother's Pre-pregnancy Weight Pre-pregnancy weight (pounds) <input type="text"/> M17 Cigarette Smoking Did mother smoke three months before or during pregnancy? <input type="text"/> Select <input type="button" value="v"/> Three months before pregnancy - # of cigarettes <input type="text"/> OR - # of packs <input type="text"/> First three months of pregnancy - # of cigarettes <input type="text"/> OR - # of packs <input type="text"/> Second three months of pregnancy - # of cigarettes <input type="text"/> OR - # of packs <input type="text"/> Last three months of pregnancy - # of cigarettes <input type="text"/> OR - # of packs <input type="text"/> M18 Marital Status Married at birth or conception or between? <input type="text"/> Select <input type="button" value="v"/> Will Voluntary Acknowledgment of Paternity (VAOP) be completed? <input type="text"/> Select <input type="button" value="v"/> Refuses to give husband's information <input type="text"/> Select <input type="button" value="v"/> Clear All Father (Parent II) Information and Baby's Last Name <input type="checkbox"/> Enable clear of father/parent II's info Select CLEAR to remove father/parent II's info <input type="text"/> Select <input type="button" value="v"/>
---	--

Previous Next Finish Cancel

From the Mother's worksheet, enter or select dropdown information in:

M12-13 Mother's Race

M14 WIC

M15 Mother's Height

M16 Mother's Pre-pregnancy Weight

M17 Cigarette Smoking

M18 Marital Status

***Clear All Father (Parent II) Information and Baby's Last Name**

*This field is only used if father's information has been previously keyed and needs to be removed.

Then, click "Next."

Note: Based on your answer to "Married at birth or conception or between?" will determine whether additional questions must be answered and the need to send documentation to the state, such as a signed Voluntary Acknowledgment of Paternity (VAoP). See page 36 for instructions to print the VAoP.

Tab 4: Father (If Applicable)

Birth -- First: *BABY* Last: *TEST* Date of birth (mm/dd/yyyy): 10/01/2024

M19a-b Father's Legal Name

First	<input type="text"/>
Middle	<input type="text"/>
Last	<input type="text"/>
Suffix list	Select
Suffix	<input type="text"/>

M20 Father's Date of Birth

Date of birth (mm/dd/yyyy)	<input type="text"/>
Calculated age	<input type="text"/>

M21 Father's Birthplace

Country	Select
State/province	Select

M22 Father's Education

Highest degree or level of school	Select
-----------------------------------	--------

M23 Father's of Hispanic Origin?

<input type="checkbox"/> No, not Spanish/Hispanic/Latino
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano
<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)
.....Specify other
<input type="checkbox"/> Unknown

Previous

Next

Finish

Cancel

From the mother's worksheet, enter or select dropdown information in:

M19 Father's Legal Name

M20 Father's Date of Birth

M21 Father's Birthplace

M22 Father's Education

M23 Father of Hispanic Origin

Then, click "Next."

Note: The Father tabs will only be necessary if the mother is married at the time of either conception or birth, or anytime between conception and birth, or if a VAoP will be completed.

Tab 5: Father (continued)

Birth -- First: *DOC* Last: *TEST* Date of birth (mm/dd/yyyy): *10/01/2024*

M24-25 Father's Race
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
 Name of enrolled or principle tribe:
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
 Other Asian, Specify:
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
 Other Pacific Islander, Specify:
☐ Other race
 Other, Specify:
☐ Unknown
 Father's primary race:

30 Father's Residence Address
☐ Same as mother's residence
 US Address search:
☐ Check to edit address selected or if unable to find address
 Street and number:
 Apartment number:
 Country:
 State/Province:
 County:
 City list:
 City or town:
 Zip code:

Previous Next Finish Cancel

From the Mother's worksheet, enter or select dropdown information in:

M24-25 Father's Race



30 Father's Residence Address, check box same as Mothers if the same

If Fathers address is different, start typing in the US Address search field, wait for drop down and choose correct address. If it does not validate, check the box to manually add the address.

Then, click "Next."

Tab 6: Household and SSN Info

Birth -- First: *BABY* Last: *TEST* Date of birth (mm/dd/yyyy): *10/01/2024*

M26-27 Language and Income Primary language spoken in the household: Select Specify other language: Select Household income range: Select	M29a Mother's Social Security Number SSN: <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None
M28 Permission Given to Request Social Security Number Permission given to request issue of SSN for child? Select	M29b Father's Social Security Number SSN: <input type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> None

Previous Next Finish Cancel

From the Mother's worksheet, enter or select dropdown information in:

M26-27 Language and Income

M28 Permission Given to Request Social Security Number

M29a Mother's Social Security Number

M29b Father's Social Security Number

If either of the parents do not have a Social Security number, please check the "None" box or enter all 8's. This registers as "none" in the VRISM system.

If either parent's Social Security number is unknown, please check the "Unknown" box or enter all 9's.

Then, click "Next."

Tab 7: Birthplace

Birth — First:TEST Last:MUM Date of birth (mm/dd/yyyy):10/01/2024

F7 & F10 Place where Birth Occurred

Place of birth Select

Specify location

☐ Occurred en route

Registering Facility

Registering facility SAINT THOMAS MIDTOWN HOSPITAL - NASHVILLE

☐ Birth occurred at another facility

F8-9 Birthplace Name and Address

Facility list Select

☐ Facility not in list

Facility name SAINT THOMAS MIDTOWN HOSPITAL

Facility I.D. 0079

Address 2000 CHURCH STREET

Apartment or suite number

Country list UNITED STATES

Country UNITED STATES

State/province list TENNESSEE

State/province TENNESSEE

County list DAVIDSON

County DAVIDSON

City list NASHVILLE

City or town NASHVILLE

Zip code 37236

Previous

Next

Finish

Cancel

From the Facility worksheet, enter or select dropdown information in:

F7 & F10 Place where Birth Occurred and Registering Facility (if needed)

If you entered "hospital", that information will auto populate with the hospital information you logged in with.

F8-9 Birthplace Name and Address (if needed)

Then, click "Next."

Note: If you're a birthing facility or midwife that is entering the birth record, the facility name and address information may already be populated for you since the system assumes the birth occurred at your facility location. Your facility name will also be shown as the Registering Facility.

Please be sure the information in F8-9 is correct if prepopulated. If not, please call the VRISM Help Desk (855-874-7686).

Tab 8: Prenatal

Birth -- First:TEST Last:MUM Date of birth (mm/dd/yyyy):10/01/2024

F11-13 Prenatal Care

Prenatal care?

Number of prenatal care visits

Date of first prenatal care visit (mm/dd/yyyy)

Date of last prenatal care visit (mm/dd/yyyy)

F14 Date of Last Menses

Date last normal menses began (mm/dd/yyyy)

F15-17 Pregnancy History (Previous Live Births)

Number now living Number now dead

Date of last live birth (mm/dd/yyyy)

F18-19 Pregnancy History (Other Pregnancy Outcomes)

Number of other outcomes Date of last other pregnancy outcome (mm/dd/yyyy)

F20 Risk Factors in this Pregnancy (Check all that apply)

Diabetes

☐Prenpregnancy diabetes

☐Gestational diabetes

Hypertension

☐Prenpregnancy hypertension

☐Gestational hypertension

☐ Eclampsia

☐ Previous preterm birth

☐ Other previous poor outcome (SGA, perinatal death, etc.)

☐ Vaginal bleeding during pregnancy prior to labor

☐ Pregnancy resulted from infertility treatment

☐Fertility-enhancing drugs, artificial insemination or intrauterine insemination

☐Assisted reproductive technology (e. g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous cesarean delivery

.....If yes, how many?

☐ None of the above

F21 Infections Present and/or Treated (Check all that apply)

☐ Gonorrhea

☐ Syphilis

☐ Herpes simplex virus (HSV)

☐ Chlamydia

☐ Hepatitis B

☐ Hepatitis C

☐ None of the above

F22 Obstetric Procedures (Check all that apply)

☐ Cervical cerclage

☐ Tocolysis

External cephalic version:

☐Successful

☐Failed

☐ None of the above

Previous

Next

Finish

Cancel

From the Facility worksheet, enter or select dropdown information in:

F11-13 Prenatal Care

F14 Date of Last Menses'

F15-17 Pregnancy History (Previous Live Births)

F18-19 Pregnancy History (Other Pregnancy Outcomes)

F20 Risk Factors in This Pregnancy

F21 Infections Present and/or Treated

F22 Obstetric Procedures

Then, click "Next."

Note: If the answer to any of the fields in sections F15-19 is none, zero (0) must be keyed in the applicable boxes.

Tab 9: Labor

Birth -- First:TEST Last:MUM Date of birth (mm/dd/yyyy):10/01/2024

F23 Onset of Labor (Check all that apply)

☐ Premature rupture of membranes (>=12 hrs)

☐ Precipitous labor (<3 hrs)

☐ Prolonged labor (>=20 hrs)

☐ None of the above

F24 Principle Source of Payment for this Delivery

Principal source of payment Select

Other source (specify)

F25 Attendant

Name list Select

First

Middle

Last

Suffix list Select

Suffix

Title Select

Other title

National provider ID

F26 Infant Medical Record Number

Newborn's medical record number

F27 Mother Transfer Info

Mother transferred in for delivery? Select

Transferred from this facility Select

Transferred from name

Previous Next Finish Cancel

From the Facility worksheet, enter or select dropdown information in:

F23 Onset of Labor

F24 Principal Source of Payment for this Delivery

F25 Attendant

F26 Infant Medical Record Number

F27 Mother Transfer Info

Then, click "Next."

Note: In section F25, enter the attendant's information manually or select from the list. In section F27, if mother was transferred in for delivery, select the name of facility from which she was transferred. If the facility is not in the list, you must enter the information manually.

Tab 10: Delivery

Birth -- First:TEST Last:MUM Date of birth (mm/dd/yyyy):10/01/2024

F28 Mother's Weight at Delivery

Weight at delivery (pounds)

F29 Characteristics of Labor and Delivery (Check all that apply)

- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis/maternal temp. $\geq 38^{\circ}\text{C}$ (100.4°F)
- ☐ Moderate/heavy meconium staining of amniotic fluid
- ☐ Fetal intolerance of labor (e.g., in-utero resuscitative measures, further fetal assessment, or operative delivery)
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above

F30 Method of Delivery

Was delivery with forceps attempted but unsuccessful?

Was delivery with vacuum extraction attempted but unsuccessful?

Fetal presentation at delivery

Final route and method

.....If cesarean, was a trial of labor attempted?

F31 Maternal Morbidity (Check all that apply)

- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the above

From the Facility worksheet, enter or select dropdown information in:

F28 Mother's Weight at Delivery

F29 Characteristics of Labor and Delivery

F30 Method of Delivery

F31 Maternal Morbidity

Then, click "Next."

Tabs 11-12: Newborn

1 Baby and Mother | 2 Mother | 3 Mother | 6 Household and SSN Info | 7 Birthplace | 8 Prenatal | 9 Labor | 10 Delivery | **11 Newborn** | 12 Newborn | 13 Record Actions

F32 Plurality

Plurality ☐ Deliveries from Pregnancy Incomplete

Total live births from this pregnancy Total stillbirths from this pregnancy

F33 If Not Single Birth

Birth order

F35 Birthweight

Weight units Grams

Pounds Ounces

F36 Obstetric Estimate of Gestation

Gestation (completed weeks)

F37 APGAR Score

APGAR at 5 minutes APGAR at 10 minutes

F38 Abnormal Conditions (Check all that apply)

☐ Assisted ventilation required immediately following delivery

☐ Assisted ventilation required for more than six hours

☐ NICU admission

☐ Newborn given surfactant replacement therapy

☐ Antibiotics received by newborn for suspected neonatal sepsis

☐ Seizure or serious neurologic dysfunction

☐ Significant birth injury

☐ None of the above

F39 Congenital Anomalies (Check all that apply)

☐ Anencephaly

☐ Meningocele/Spina bifida

☐ Cyanotic congenital heart disease

☐ Congenital diaphragmatic hernia

☐ Omphalocele

☐ Gastroschisis

☐ Limb reduction defect (excluding congenital amputation and dwarfing syndrome)

☐ Cleft lip with or without cleft palate

☐ Cleft palate alone

☐ Down syndrome

☐Karyotype confirmed (Down)

☐Karyotype pending (Down)

☐ Suspected chromosomal disorder

☐Karyotype confirmed

☐Karyotype pending

☐ Hypospadias

☐ None of the anomalies listed above

From the Facility worksheet, enter or select dropdown information in:

F32 Plurality

F33 If Not a Single Birth

F35 Birthweight

F36 Obstetric Estimate of Gestation

F37 Apgar Score

F38 Abnormal Conditions

F39 Congenital Abnormalities

Then, click "Next."

1 Baby and Mother | 2 Mother | 3 Mother | 6 Household and SSN Info | 7 Birthplace | 8 Prenatal | 9 Labor | 10 Delivery | 11 Newborn | **12 Newborn** | 13 Record Actions

F40 Infant Transferred Within 24 Hours of Delivery

Was infant transferred?

Transferred to this facility

Transferred to name

F41 Infant Living at Time of Report

Is infant living at time of report?

If not living, give date of death (mm/dd/yyyy)

F42 Breastfed

Is infant being breastfed at time of discharge?

From the Facility worksheet, enter or select dropdown information in:

F40 Infant Transferred Within 24 Hours of Delivery

F41 Infant Living at Time of Report

F42 Breastfed

Then, click "Next."

Tab 13: Record Actions

Birth -- First:TEST Last:MUM Date of birth (mm/dd/yyyy):10/01/2024

Comments Among Users About Record

Comments

0 / 500

F43-44 Certifier

☐ Certifier is attendant

Certifier list Select

First

Middle

Last

Suffix list Select

Suffix

National provider ID

Title Select

Other title

Date certified (mm/dd/yyyy) 10/11/2024

Filing Information

Registrar name EDWARD G BISHOP III

State Review

☐ Accept record

☐ Reject/return record

☐ Affidavit Sign date missing/incorrect

☐ Father's affidavit signature missing

☐ Minor parent - consent signature missing

☐ Notary seal missing

☐ VAoP missing

☐ Other - See comment section

Rejection Date

☐ Child's surname

☐ Mother's affidavit signature missing

☐ Notary signature missing

☐ VAoP reprint needed

☐ Whiteout/Crossout

Tennessee State File Number

SFN Certificate indicator

☐ Release for registration

Record History

Record created by 656 on 10/11/2024

35 / 1100

Previous

Next

Finish

Cancel

From the Facility worksheet, enter or select dropdown information in:

F43-44 Certifier
National provider ID, Title, and Date Certified are required.

Then, click "Finish."

If any required fields are not fully completed, they will appear on the screen as links that you can follow to correct the record. Click on the highlighted area to complete it. If you'd like to continue saving an unfinished record, please click "Save (as Pending)" at the bottom of the screen.

VRISM Warning

The record you are trying to save is UNFINISHED.
All of the following fields are required for a FINISHED record.

These fields must be completed before releasing record to the state. Fix all the following:

Infections Present and/or Treated

Field Group Description: At least one item in Infections section must be selected. If none, select none.

Method of Delivery - Forceps attempted but unsuccessful

Field Group Description: Forceps attempted must be selected

Save (as Pending)

If all required fields have been entered, you will see a *Successful Transaction* screen.

Successful Transaction

Your transaction has been saved successfully.

Record Details

Child's first name

BABY

Child's last name

SMITH

State file number

Child's date of birth

04/01/2024

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Affidavit of surname: ☒

Skip this print option: ☐

Mother Copy / Application for Certified Copy: ☒

Skip this print option: ☐

Certificate of Live Birth - Draft: ☒

Skip this print option: ☐

Print

Other Options

Following options are available:

Return to Record

File Record

Main Menu

Repeat Task

All documents listed are defaulted to print. If you don't want to print, select "Skip this print option." Otherwise, click "Print" when all the desired documents have been selected. Then select "Generate Document" on the following screens. This will generate a printable PDF.

Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
Affidavit of surname:	<input checked="" type="radio"/> Skip this print option: Skip this print option
Mother Copy / Application for Certified Copy:	<input checked="" type="radio"/> Skip this print option: Skip this print option
Certificate of Live Birth - Draft:	<input checked="" type="radio"/> Skip this print option: Skip this print option
Print	

Other Options

Following options are available:

[Return to Record](#)

[File Record](#)

[Main Menu](#) [Repeat Task](#)

Next, select "Continue" to move to the next document or return to the *Successful Transaction* screen to file the record with the State.

Print Certificate of Live Birth - Draft

[Generate Document](#)

[Continue](#)

Print Application for Certified Copy

[Generate Document](#)

[Continue](#)

It is **strongly advised** to print the draft copy of the birth certificate to show the family and verify information. This can help to eliminate the need for corrections that could possibly involve the parents to secure a court order.

After you have printed the required documents and ensure the parents have approved the documents, you can now file the record. Start by clicking the “File Record” button under the “Other Options” tab on the *Successful Transaction* screen.

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Child's first name	BABY
Child's last name	SMITH
State file number	
Child's date of birth	04/01/2024
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
Affidavit of surname:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Mother Copy / Application for Certified Copy:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Certificate of Live Birth - Draft:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="Return to Record"/>	
<input type="button" value="File Record"/>	
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

You will then be reminded to mail any additional documentation (such as a VAoP or an AoS) to the State. If you are ready to file the record, click “Continue.” From this point forward, you will not be able to make changes to the record.

OR

When a record has successfully been filed,
you will see an updated *Successful Transaction*
screen with a State File Number (SFN).

If documentation must be received by the
State before the record is filed, an SFN will
not be assigned.

Please note that if a VAoP is being processed and the father of the child has not signed the form at the time of the infant's discharge, the father's information must be removed, and the birth certificate must be filed. (Father's information can be cleared with checking a box on Tab 3.)

If the parents choose to add the father by VAoP at a later date, they will need to contact a local health department or the State Office of Vital Records (OVR).

All documentation must be emailed to: certificate.health@tn.gov within five days of the birth in order to complete the registration in accordance with TCA §§ 63-3-301. Remember to mail originals at least twice a week.

Multiple Births

The first step to file a record for a multiple birth event is to enter a single birth record, (Birth>Create> New) as outlined in the previous section. The Plurality field (F32) on tab 11 must reflect the multiple births in order to link the second record to the first keyed record. (Do not use the multiple path at this point)

Continuing Multiple Records from the Successful Transaction Page

After filing the first record, click "Continue Multiple." This allows you to start the next birth record for an event with multiple births.

The screenshot shows a window titled "Other Options". Under the heading "Following options are available:", there are two buttons: "Return to Record" and "File Record". Below this, under the heading "Multiple Events Option", there is a message: "Saved record indicated there are multiple records to enter. Would you like to process the remaining records?". Below the message is a dropdown menu labeled "Check to start New Birth Record:" with a radio button selected, and a button labeled "Continue Multiple". At the bottom of the window, there are two buttons: "Main Menu" and "Repeat Task".

Enter or select information on all pages, starting with the Baby and Mother tab. Please note that information that is the same for each baby will be copied to the new record. (Ex: Mother's Current Legal Name.)

The screenshot shows a form titled "Birth - Date of birth (mm/dd/yyyy): 11/07/2018". The form has a tabbed interface with tabs: "1 Baby and Mother", "2 Mother", "3 Mother", "4 Father", "5 Father", "6 Household and SSN Info", "7 Birthplace", "8 Prenatal", "9 Labor", "10 Delivery", "11 Newborn", "12 Newborn", "13 Record Actions". The "1 Baby and Mother" tab is selected. The form contains several sections: "Mother's Med Record No and Newborn Specimen Control No" with fields for "Mother's medical record number" (21) and "Newborn screening specimen control number"; "Special Circumstances of this Birth" with checkboxes for "Founding", "Safe haven", and "Surrogate"; "M1 Baby's Name" with fields for "First", "Middle", "Last", and "Suffix", and a checkbox for "First and middle names not yet chosen"; "Affidavit to Name Child" with a dropdown for "Affidavit required for naming child?"; "F1 Date of Birth" with a date field (11/07/2018) and a calendar icon; "F2 Time of Birth" with a time field and a dropdown for "Time indicator"; "F3 Sex" with a dropdown; "M2 Mother's Current Legal Name" with fields for "First", "Middle", "Last", and "Suffix"; "M5 Mother Ever Married" with a dropdown for "Has the Mother ever been married?"; and "M6 Mother's Name Prior to First Marriage" with a checkbox for "Same as current name" and fields for "First", "Middle", "Last", and "Suffix". At the bottom of the form are buttons for "Previous", "Next", "Finish", and "Cancel".

Adding Multiple Records from the Main Menu

If you are not ready to start the next record from the *Successful Transaction* page, you have the option to start the next multiple birth record through a menu option. Following these steps will tie all multiples together and prevent additional entry of information that is the same for each multiple record.

Step 1: From the Main menu, click Birth → Create → Multiple → From Live Birth

Main – Birth – Create – Multiple – From Live Birth

Birth Record Search Criteria

Record Identifiers

Event year

State file number

Certificate indicator

Date of Birth

Date of birth (mm/dd/yyyy)

From

To

Child's Name

First

Middle

Last

Soundex on last name ☐

Child's Gender

Sex

Mother's Name Prior to First Marriage

First

Last

Father's Name

First

Last

Search **Cancel**

Step 2: Enter information to locate the record that was already entered into the system and click “Search.” (Not all fields are required to search. Suggested search parameters are Last Name and Date of Birth.)

Main – Birth – Create – Multiple – From Live Birth

Records List (Showing 1 - 1 of 1 records)

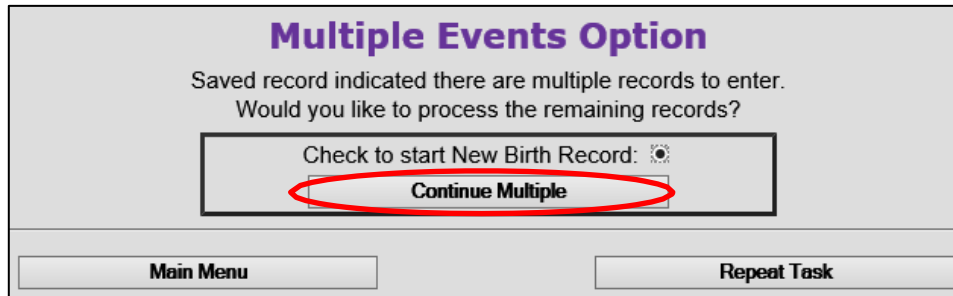
Last Name	First Name	Middle Name	DOB	Mother's Maiden First	Mother's Maiden Last	County	State File Number	Certificate indicator	Status
TWIN	ONE		11/07/2018	MOM	MAIDEN	ANDERSON			Not submitted Details

Cancel

Step 3: Click “Details” when record is located.

Step 4: Confirm that you have the correct record from the *Record Details* page and click “Continue” at the bottom of the page.

Step 5: If all multiple events **have not** been entered, you will be given the “Multiple Events Option.” In this case, you should click on the “Continue Multiple” button to start the next record.



Multiple Events Option

Saved record indicated there are multiple records to enter.
Would you like to process the remaining records?

Check to start New Birth Record: ☒

Continue Multiple

Main Menu Repeat Task

Step 6: Once you click on “Continue Multiple,” the Baby and Mother tab will open. Please enter or select information on all pages. Please note that information that is the same for each baby will be copied to the new record.

Step 7: Complete this process by printing and filing the records accordingly. For further instructions on filing and printing records, please see page 32 (printing) and page 33 (filing).

Saving a Record

If any of the required fields have not been completed they will appear on the screen as links that you can follow to correct the record. If you'd like to continue saving an unfinished record, please click "Save (as Pending)" at the bottom of the screen.

VRISM Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

These fields must be completed before releasing record to the state. Fix all the following:

[Mother's Race - Mother's primary race](#)
Field Group Description: Mother's primary race is required.

[Pregnancy History \(Previous Live Births\) - Last live birth date](#)
Field Group Description: Date of the last live birth is required.

[Obstetric procedures](#)
Field Group Description: At least one item in Obstetric Procedures section must be selected. If none, select none.

Save (as Pending)

If all required fields have been entered, you will see a *Successful Transaction* screen.

Successful Transaction
Your transaction has been saved successfully.

Record Details

Child's first name	BABY
Child's last name	LIL
State file number	
Child's date of birth	10/30/2018

Print Confirmation
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Mother Copy / Application for Certified Copy: ☒
Skip this print option: ☐

Certificate of Live Birth - Draft: ☒
Skip this print option: ☐

Print

Other Options
Following options are available:

Return to Record

File Record

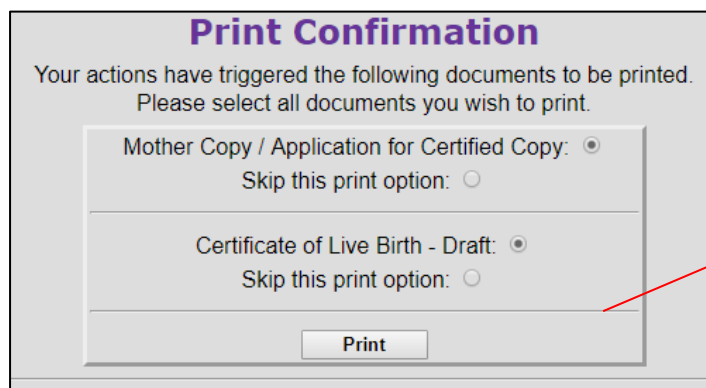
Main Menu

Repeat Task

Printing a Record

All documents listed are defaulted to print. If you don't want to print, select "Skip this print option." Otherwise, click "Print" when all desired documents have been selected. Then select "Generate Document" on the following screen. This will generate a printable PDF.

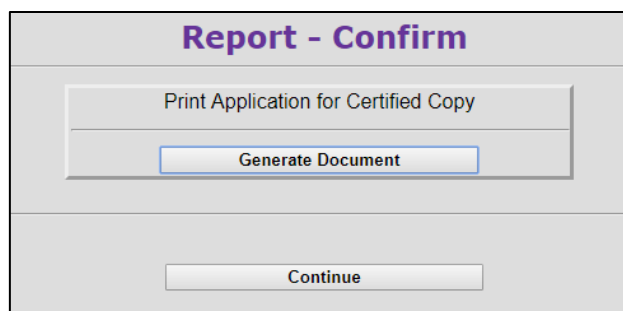
Next, select "Continue" to move to the next document or return to the *Successful Transaction* screen to file the record with the State.



Print Confirmation

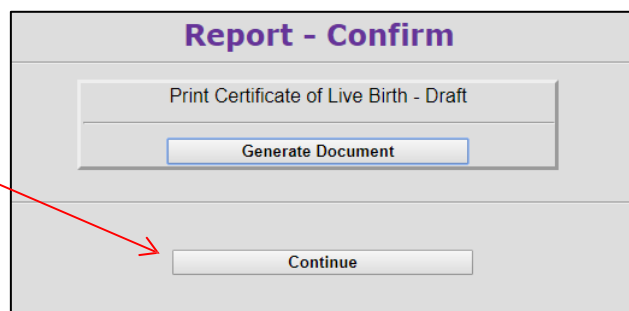
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Mother Copy / Application for Certified Copy: <input checked="" type="radio"/>
Skip this print option: <input type="radio"/>
Certificate of Live Birth - Draft: <input checked="" type="radio"/>
Skip this print option: <input type="radio"/>



Report - Confirm

Print Application for Certified Copy



Report - Confirm

Print Certificate of Live Birth - Draft

It is **strongly advised** to print the draft copy of the birth certificate to show the family and verify information.

Filing a Record

Successful Transaction
Your transaction has been saved successfully.

Record Details

Child's first name	BABY
Child's last name	LIL
State file number	
Child's date of birth	10/30/2018

Other Options

Following options are available:

[Return to Record](#)

[File Record](#)

[Main Menu](#) [Repeat Task](#)

To file a record, start by clicking the "File Record" button under the "Other Options" tab on the *Successful Transaction* screen.

You will then be reminded to mail any additional documentation (such as a VAO_P or an AoS) to the State. If you are ready to file the record, click "Continue." From this point forward, you will not be able to make changes to the record.

Warning - Confirm

Are you sure you want to File Record?
Remember to mail any required documentation to state.

[Continue](#) [Cancel](#)

OR

When a record has successfully been filed, you will see an updated *Successful Transaction* screen with a State File Number (SFN).

If documentation must be received by the State before the record is filed, an SFN will not be assigned.

Successful Transaction
Your transaction has been saved successfully.

Record Details

Child's first name	AMY
Child's last name	WINEHOME
State file number	000043
Child's date of birth	04/12/2019

Successful Transaction
Your transaction has been saved successfully.

Record Details

Child's first name	LOTSA
Child's last name	BABIES
State file number	
Child's date of birth	02/21/2019

Please note that if a VAO_P is being processed and the father of the child has not signed the form at the time of the infant's discharge, the father's information must be removed and the birth certificate must be filed. (Father's information can be cleared with checking a box on Tab 3.)

All documentation must be emailed to; certificate.health@tn.gov within five days of the birth in order to complete the registration in accordance with TCA §§ 63-3-301.

Remember to mail all originals at least twice a week.

Foundling/Safe Haven Births

If a woman gives birth and surrenders the child to the hospital, and the baby is not “harmed”, then it must be filed as a Safe Haven. The first field on tab 1 is for *Mother’s medical record number*. Since this is most likely unknown, please press Tab to navigate past it, and then click “OK” to move to the next field.

Only check one of the boxes in the “Special Circumstances of this Birth” section if it applies to the baby’s record; otherwise, leave the checkboxes unchecked. Limited data will be required on the record if a box is checked in this section.

The screenshot shows the '1 Baby and Mother' tab. The 'Special Circumstances of this Birth' section is highlighted with a red box. It contains three checkboxes: 'Foundling', 'Safe haven', and 'Surrogate'. Below this, there are fields for 'First', 'Middle', 'Last', and 'Suffix' for the baby's name. The 'Last' field is populated with 'DAVIDSON'. There are also fields for 'F1 Date of Birth' (01/15/2019) and 'F2 Time of Birth' (99:99). At the bottom, there are 'Previous', 'Next', 'Finish', and 'Cancel' buttons.

The county of birth will be entered as the baby's last name; you will then enter the date found as the date of birth and four 9's (99:99) for an unknown time of birth. Click next and you will be taken to Tab 7, Birthplace.

Select the place of birth as “other” from the list and enter the specified location. For fields F8-F9 *Birthplace Name and Address* fields, enter the facility name and address, select county and city from the list, and enter zip code.

The screenshot shows the '7 Birthplace' tab. The 'F7 & F10 Place where Birth Occurred' section has 'Other' selected. The 'F8-9 Birthplace Name and Address' section contains several dropdown menus and text fields. 'Country list' is set to 'UNITED STATES' and 'State/province list' is set to 'TENNESSEE'. At the bottom, there are 'Previous', 'Next', 'Finish', and 'Cancel' buttons.

Then, click “Next.”

On the Foundling/Safe Haven tab, fill in all information under *Infant*, *Place Found or Place of Birth*, and *Person or Institution Place for Care*.

Then, click “Next.”

The screenshot shows a web-based form for recording a birth event, specifically the 'Foundling/Safe Haven' tab. The form is divided into three main sections: 'Infant', 'Place Found or Place of Birth', and 'Person or Institution Placed for Care'. The 'Infant' section includes fields for 'Race' and 'Approximate Date of Birth (mm/dd/yyyy)'. The 'Place Found or Place of Birth' section has a dropdown menu for 'Place found or place of birth inside city limits?'. The 'Person or Institution Placed for Care' section includes fields for 'Facility or Person Name', 'Address (Street number and name)', 'State' (a dropdown menu), 'City', and 'Zip'. At the bottom of the form, there are four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'.

1 Baby and Mother	7 Birthplace	Foundling/Safe Haven	9 Labor	11 Newborn	12 Newborn	13 Record Actions
Infant						
Race <input type="text"/>						
Approximate Date of Birth (mm/dd/yyyy) <input type="text"/>						
Place Found or Place of Birth						
Place found or place of birth inside city limits? <input type="text" value="Select"/>						
Person or Institution Placed for Care						
Facility or Person Name <input type="text"/>						
Address (Street number and name) <input type="text"/>						
State <input type="text" value="Select"/>						
City <input type="text"/>						
Zip <input type="text"/>						
<div>PreviousNextFinishCancel</div>						

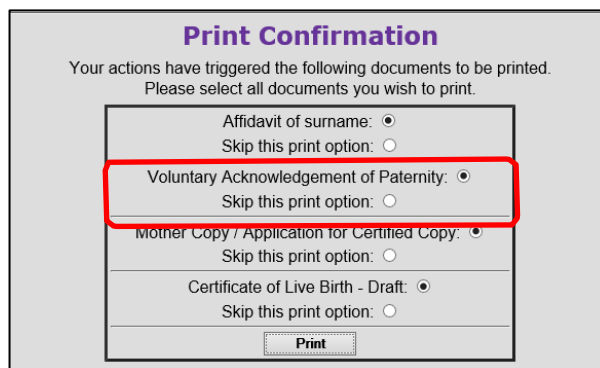
Continue on additional tabs as you would for a birth without special circumstances. Please enter information in all open fields and file the record.

Please be sure to notify the Vital Records office of all Foundling / Safe Haven birth events filed with your facility.

Printing a Pre-Populated VAoP

If the parents are not married or have not been married within 300 days prior to birth and they would like the father's name to appear on the birth certificate, it is necessary to complete a Voluntary Acknowledgment of Paternity (VAoP).

The VAoP can be printed from the *Successful Transaction* screen after saving a record.



Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Affidavit of surname:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Voluntary Acknowledgement of Paternity:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Mother Copy / Application for Certified Copy:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Certificate of Live Birth - Draft:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>

Print

The pre-populated VAoP can also be printed from the Main menu screen.

Follow these steps to access a VAoP with the pre-populated information from the electronic birth record.

Step 1: From the Main menu, click Birth → Print → VAoP



Main – Birth – Print – VAoP

Birth Record Search Criteria

Record Identifiers Event year: <input type="text"/> State file number: <input type="text"/> Certificate indicator: <input type="text"/>	Date of Birth Date of birth (mm/dd/yyyy): <input type="text"/> From: <input type="text"/> To: <input type="text"/>
Child's Name First: <input type="text"/> Middle: <input type="text"/> Last: <input type="text"/> Soundex on last name: <input type="checkbox"/>	Mother's Name Prior to First Marriage First: <input type="text"/> Last: <input type="text"/>
Child's Gender Sex: <input type="text"/>	Father's Name First: <input type="text"/> Last: <input type="text"/>

Search **Cancel**

Step 2: Enter information to locate the record that was already entered into the system and click "Search." (Not all fields are required to search. DOB and last name are suggested search parameters.)

Step 3: Click “Details” when record is located.

Main – Birth – Print – VAoP

Records List (Showing 1 - 1 of 1 records)

Last Name	First Name	Middle Name	DOB	Mother's Maiden First	Mother's Maiden Last	County	State File Number	Certificate indicator	Status
KILO	VICTOR		05/07/2018	MARGIE	VANCE	ANDERSON			Not submitted

Cancel

Details

Step 4: Confirm that you have the correct record from the *Record Details* page and click “Continue” at the bottom of the page.

Child Adoption Flag: **U**
Use delayed stamp flag: **N**
Use modify flag: **N**
Flag for foundling and safe haven: **N**

Continue Cancel

Step 5: Click “Generate Document” to produce the printable PDF file with pre-populated information from the birth certificate.
If you have any questions about completing the VAoP process, please call the TN VAoP Hotline at:
1-800-457-2165.

Print – VAoP

Generate Document

Main Menu Repeat Task

Step 6: The completed VAoP must be mailed to:

Office of Vital Records.
710 James Robertson Parkway
Andrew Johnson Tower, 1st Floor
Nashville, TN 37243

****A change to a VAoP after it has been filed with the State will require a court order.****

Duplicate Records

Whenever you start a record, VRISM uses the information entered to determine if the record may already exist. After the information has been completed on the first page and another page is opened, the system will inform you if any potentially matching records have already been started and saved.

VRISM Warning		
Please verify this is not a duplicate record.		
Criteria by which record was matched:	Module	Click a link to see existing record's details
Birth Duplicate Check (by name) (Record #1):	Birth	(Details)
<input type="button" value="IGNORE AND CONTINUE ENTRY"/>		<input type="button" value="ABORT ENTRY OF RECORD"/>

Click “(Details)” to view additional information for each listed record.

If you are **sure** that none of the listed records are the same as the one you are entering, click the “Ignore and Continue Entry” button to return to where you were on the birth form.

OR

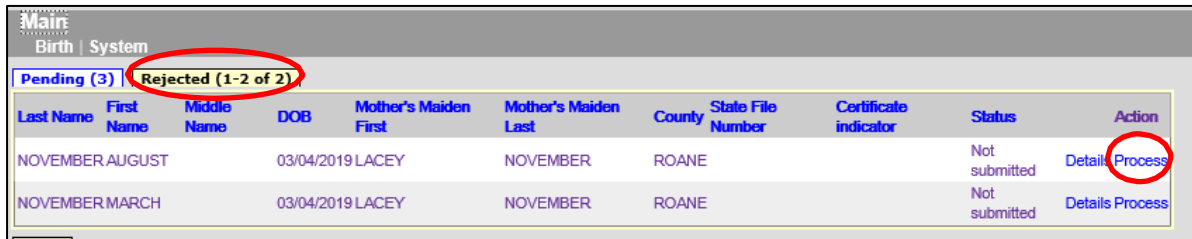
If you are **not sure** if you want to continue to work on a listed record or create a new one, click the “Abort Entry of Record” button to return to the Main menu.

Rejected Records

Viewing a Rejected Record

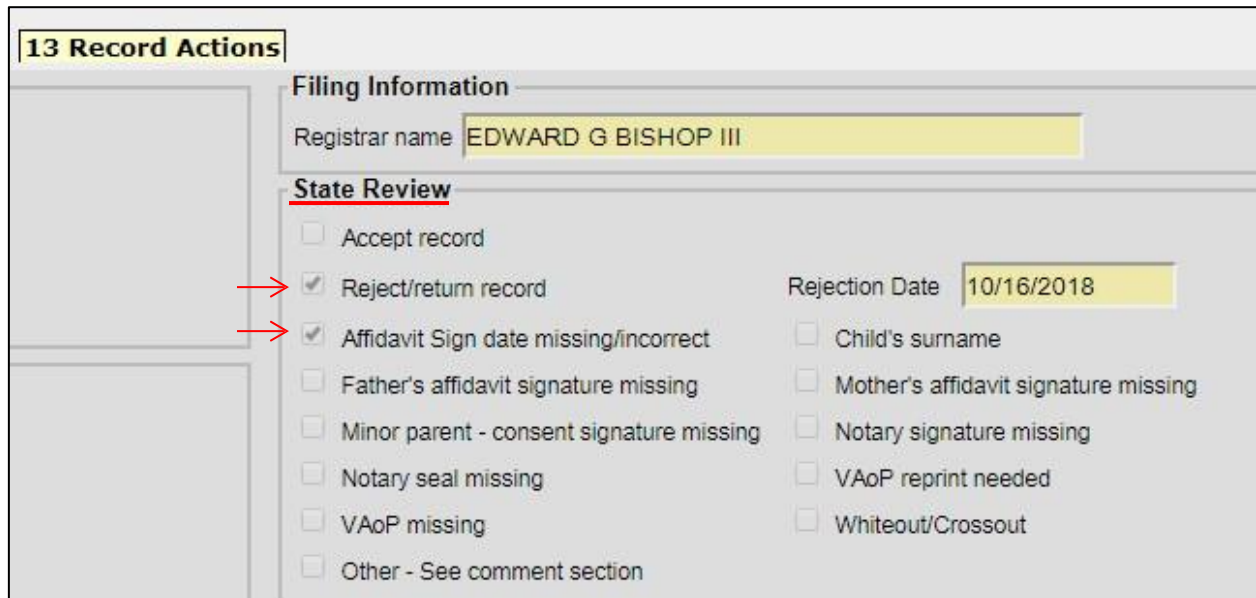
Step 1: Click on the Rejected tab from the main menu.

Step 2: Click on "Process" to access the record.



Main Menu										
Birth System										
Pending (3)		Rejected (1-2 of 2)								
Last Name	First Name	Middle Name	DOB	Mother's Maiden First	Mother's Maiden Last	County	State File Number	Certificate indicator	Status	Action
NOVEMBER	AUGUST		03/04/2019	LACEY	NOVEMBER	ROANE			Not submitted	Detail Process
NOVEMBER	MARCH		03/04/2019	LACEY	NOVEMBER	ROANE			Not submitted	Details Process

Step 3: Open tab 13, Record Actions, and check the reason selected in the *State Review* section.



13 Record Actions

Filing Information

Registrar name: EDWARD G BISHOP III

State Review

☐ Accept record

☒ Reject/return record

☒ Affidavit Sign date missing/incorrect

☐ Father's affidavit signature missing

☐ Minor parent - consent signature missing

☐ Notary seal missing

☐ VAoP missing

☐ Other - See comment section

Rejection Date: 10/16/2018

☐ Child's surname

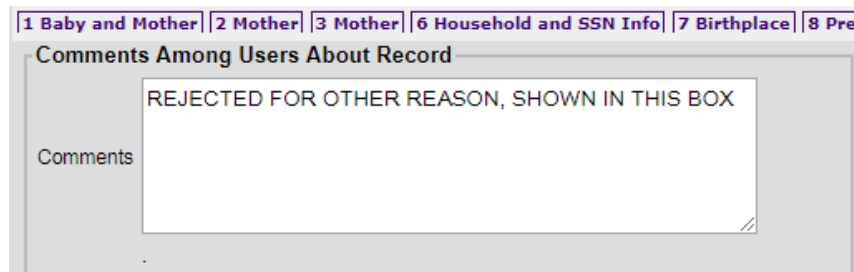
☐ Mother's affidavit signature missing

☐ Notary signature missing

☐ VAoP reprint needed

☐ Whiteout/Crossout

Note: If *Other* is checked, another reason should be specified in the comments box on the same tab.



1 Baby and Mother | 2 Mother | 3 Mother | 6 Household and SSN Info | 7 Birthplace | 8 Pre

Comments Among Users About Record

Comments: REJECTED FOR OTHER REASON, SHOWN IN THIS BOX

Re-filing Rejected Records

Add or modify the information as needed and click “Finish.” Then click “File Record” on the *Successful Transaction* page and continue with the filing process.

If you are electing to remove the father’s information and file the record without a VAoP, please navigate to Tab 3, check the “Clear All Father (Parent II) Information, Baby’s Last Name” box and toggle the dropdown to “Clear.” Ensure the VAoP question on Tab 3 is changed to “No.”

Then, navigate to Tab 1 and enter the mother’s last name in the field and re-file the record.

If the VAoP needs to be corrected, it will be mailed back to you and should be mailed back to the OVR within two days with the corrections made.

The screenshot displays a web interface for a 'Successful Transaction'. At the top, a purple header reads 'Successful Transaction' with a sub-message 'Your transaction has been saved successfully.' Below this, a section titled 'Record Details' contains a table with the following information:

Child's first name	BABY
Child's last name	LIL
State file number	
Child's date of birth	10/30/2018

Below the record details is a section titled 'Other Options' with the text 'Following options are available:'. It contains two buttons: 'Return to Record' and 'File Record'. The 'File Record' button is circled in red. At the bottom of the page, there are two buttons: 'Main Menu' on the left and 'Repeat Task' on the right.

Note: Depending on why a record was rejected, you may not have to make any changes to the record. You may only need to re-print a VAoP or AoS, complete the form with all required information, and return it to the State within **two days**.

The time frame is a legal requirement and is not extended based on records needing to be refiled. Your compliance with this time frame is both **mandatory** and **greatly appreciated**.

Cancelling an Unregistered Record

Records may need to be removed from the database before they are registered. This might be due to a duplicate entry of the same record. This can be done by cancelling the record.

From the Main menu, click Birth → Maintain → Cancel. Enter information to locate the desired record. (Not all fields are required to search.)

The screenshot shows a web application window titled "Main - Birth - Maintain - Cancel". The main section is titled "Birth Record Search Criteria". It contains several input fields for searching records:

- Record Identifiers:** Event year (text input), State file number (text input), Certificate indicator (text input).
- Date of Birth:** Date of birth (mm/dd/yyyy) (calendar icon), From (calendar icon), To (calendar icon).
- Child's Name:** First (text input), Middle (text input), Last (text input), Soundex on last name (checkbox), Child's Gender (Sex: Select dropdown).
- Mother's Name Prior to First Marriage:** First (text input), Last (text input).
- Father's Name:** First (text input), Last (text input).

At the bottom of the form are two buttons: "Search" and "Cancel".

Click "Details" to the far right of the name on the selected record.

The screenshot shows the same web application window, but now the "Delete Metadata" section is active. It contains a large text area labeled "Reason to delete" for entering the reason for removing the record. At the bottom of the form are two buttons: "Finish" and "Cancel".

Enter a brief description as to why you are removing the record from the database in the *Reason to delete* field. Then click the "Finish" to confirm.

Frequently Asked Questions

- **“We have a new employee in our office. Can I just let them use my account to log into the system?”**

No, please have them complete a VRISM Access User Request & Agreement here: <https://internet.health.tn.gov/VRISMUserAgreement/UserAgreement/UserAgreement>
Once they have been registered, an email will be sent to their email address with their login information.

- **“When I’m logging in, I get a question I never set up. How do I answer the question?”**

Do not answer the question if you do not recognize it. Simply close the login window and click Login again on the VRISM Main Page. If this problem persists, ensure that you are entering your login information correctly; it is case sensitive (use shift key, not caps lock). You may also click the reset button when prompted to enter your username. If you have difficulty, please contact the help desk.

- **“How can I save my work?”**

It is important to keep in mind that clicking “Finish” takes you to a screen to save the record. The record should still be in your queue (it may be in another tab on your screen). If it is not in your queue, it is because it was completed/registered with the State. You may search for the record through the search menu option, but you will no longer be able to make changes to the record.

- **“Can I use VRISM in Google Chrome, Edge or Mozilla?”**

The VRISM system works best with Google Chrome which is the preferred choice. It also works well with Edge, Mozilla or Safari.

- **“How long do I have to file the record with the State?”**

TCA §§ 63-3-301 indicates all birth events must be filed within 10 days of the event. Therefore, we are requesting all documentation be emailed as soon as they are completed to; certificate.health@tn.gov in order to complete the registration as directed. If documentation needs to be adjusted, it will be emailed back to you and should be returned to the OVR within two days. All original documents must be mailed to our office at a minimum of twice per week.

- **“How should the VAOB process be completed if the father is incarcerated?”**

The mother will have two days to have the father sign the document, have it notarized, and returned to the hospital. This will give the State the appropriate time needed to process the application and file the birth in accordance with the timeframe allotted in TCA §§ 63-3-301.

VRISM Assistance

For questions regarding the registration of birth records, such as VAoPs, legal name requirements, rejected records, and more, contact:

Registration Unit
(615) 645-1117

For questions regarding VRISM technical support, such as signing in or resetting security information, contact:

VRISM Help Desk
855.874.7686 · health.vrism@tn.gov

The Help Desk is open from 8:00 am-4:30 pm CST, Monday-Friday, and other times can be arranged with prior notice.

For further information, our online training can be viewed here:
<https://tnhealthdept.github.io/VRISM-EBRS-Training/>



**Thank you for your
service to the
citizens of TN.**