

## **Amending a Statement of Death (SOD)**

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**Role(s): Funeral Home Director**

### **Objective**

This job aid provides the necessary steps to amending and resigning a Statement of Death (SOD) with updated burial permit, including:

- Amend SOD based on new information.
- Enter parent information.
- Update disposition information.
- Re-sign the SOD.
- Generate updated Burial Permit.

### **Scenario**

A previous Statement of Death was started for a decedent, for which a surgical procedure resulted in complications post-surgery. The manner of death was determined through autopsy.

After the decedent parents were informed of the death, they provided parent and disposition information updates that must be amended in the SOD.

### **Precondition(s)**

To follow this lesson to completion:

- The SOD must already be signed.
- The case must be assigned to your facility to make the amendment.
- The user must have rights to amend the SOD.
- eHealth Saskatchewan has not yet registered the death.

## Procedural Steps: Amending an SOD

The user will start at the Case Admin tab. Once the necessary amendments are made, the SOD will be signed from the Certification tab, and a new burial permit will be generated.

### Case Admin Tab

#### *Amend Case*

FD TRAINING

Funeral Director  
Training Funeral Home

Statement of Death - ANDREA LOUISE SPROSS

Deceased Information
Parent Information
Informant Information
Disposition Information
Death Information
Certification
Case Admin

Case Admin

Case number

Record status

EDR102

SIGNED

Amend Case

Assigned To Facility

Funeral home

TRAINING FUNERAL HOME

#### **NOTE: MANDATORY FIELDS**

Mandatory fields are displayed with an *\*asterisk* next to their fieldname. All mandatory fields must be filled in prior to certification.

If a Tab name, such as "Death Information", displays in red text, mandatory field information is missing on that tab. Once the information has been entered, the Tab text will turn green.

Fields stating, "Enter Unknown, if not known", are also mandatory, though not designated with the *\*mandatory asterisk*.


1. Click the **Amend Case** button.
2. Click the **Parent Information** tab.

## Parent Information Tab

### Father

### Statement of Death - ANDREA LOUISE SPROSS

Deceased Information
**Parent Information**
Informant Information
Disposition Information
Death Information
Certification
Case Admin


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 Training Funeral Home

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Father

**Father's Last Name AT BIRTH**

SPROSS
✓

**Father's Given Name(s)**

JEREMY
✓

Father's Place of Birth

**Country**

CANADA
✓
▼

**Province**

SASKATCHEWAN
✓
▼

**City, town, village or other place (if rural give section, township, range and meridian)**

OUTLOOK
✓

**NOTE:** Father's name fields are mandatory though they do not have an asterisk. Enter "UNKNOWN" if required.

3. **Father's last name at birth:** Type ***father's last name at birth*** for this scenario.
4. **Father's given name(s):** Type the ***father's given names*** for this scenario.

### Father's Place of Birth

5. **Country:** Click the drop-down arrow and select ***Canada*** for this scenario.
6. **Province:** Click the drop-down arrow and select the ***province***.
7. **City, town, village, or other place:** Type the name of the ***city***.

### Mother

Mother	
Mother's Last Name AT BIRTH	
TAYLOR	✓
Mother's Given Name(s)	
CINDY JUNE	✓
Mother's Place of Birth	
Country	
CANADA	✓
Province	
ALBERTA	✓
City, town, village or other place (if rural give section, township, range and meridian)	
EDMONTON	✓
<a href="#">&lt; Previous</a> <a href="#">Continue &gt;</a>	

**NOTE:** Mother's name fields are mandatory though they do not have an asterisk. Enter "UNKNOWN" if required.

8. **Mother's last name at birth:** Type ***mother's last name at birth*** for this scenario.
9. **Mother's given name(s):** Type the ***mother's given names*** for this scenario.

### Mother's Place of Birth


10. **Country:** Click the drop-down arrow and select ***Canada*** for this scenario.
11. **Province:** Click the drop-down arrow and select the ***province***.
12. **City, town, village, or other place:** Type the name of the ***city***.
13. Click ***Disposition Information*** tab.

## Disposition Information Tab

### Disposition

#### Statement of Death - ANDREA LOUISE SPROSS

Deceased Information
Parent Information
Informant Information
Disposition Information
Death Information
Certification
Case Admin


**FD TRAINING**  
 Funeral Director  
 Training Funeral Home

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Disposition

**Method of Disposition \***

CREMATION
✓ ▾

**Date of Disposition \***

01/20/2024
✓
📅

☐ Unknown

**Name of Location or Details \***

LOCATION DETAILS
✓

**Country \***

CANADA
✓ ▾

**Province \***

SASKATCHEWAN
✓ ▾

**City, town, village or other place (if rural give section, township, range and meridian) \***

REGINA
✓

**Street address \***

ADDRESS
✓

**NOTE:** Disposition fields are mandatory.

For this scenario, the parents have requested a change to "Method of Disposition" and associated date.

14. **Method of Disposition\*:** Click the drop-down arrow and select the correct **method of disposition**.
15. **Date of Disposition\*:** Click the **calendar** button and select the **date**.
16. **Name of Location or Details:** type any **location details**.
17. **Country\*:** Click the drop-down arrow and select **Canada** for this scenario.
18. **Province\*:** Click the drop-down arrow and select **Saskatchewan** for this scenario.

**NOTE:** "UNKNOWN" can be entered into the next two fields if not known.

19. **City, town, village or other place\*:** Type the name of the **city**.
20. **Street Address\*:** Type the **street address**.

*Funeral Home*

Funeral Home

Individual Responsible for the Remains

FD TRAINING

Funeral Home Name

TRAINING FUNERAL HOME

Street Address

321 TRAINING STREET

City, town, village or other place (if rural give section, township, range and meridian)

REGINA

Province

SASKATCHEWAN

Country

CANADA

Postal Code

S4S 6T1

Notes

Notes

I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.

Amend Case

< Previous Continue >

**NOTE:** "Funeral Home" data is prepopulated based on user logon and the facility they are assigned to.

If another funeral home will take over the disposition, use the "Case Admin" tab to assign to the correct funeral home.

21. Click **Amend Case** to update the changes to the SOD.

**NOTE:** If "Amend Case" is greyed out, mandatory information has been missed. Look for the tab with red text to determine where mandatory information is missing. Complete the missing information and "Amend Case".

Funeral Home

Individual Responsible for the Remains

FD TRAINING


Funeral Home Name

As FD TRAINING I confirm I am signing the Statement of Death of ANDREA LOUISE SPROSS.

Cancel I Confirm

22. Click **I Confirm**.

Funeral Home  
Individual Responsible for  
FD TRAINING  
Funeral Home Name


 Case amended.

Ok

23. If all mandatory information is filled correctly, the window will display **Case Amended**. Click **OK**.

## Case Admin Tab

### Case Admin

 **FD TRAINING**  
Funeral Director  
Training Funeral Home

Statement of Death - ANDREA LOUISE SPROSS

Deceased Information

Parent Information

Informant Information

Disposition Information

Death Information

Certification

Case Admin

Case Admin

Case number

Record status

Amend Case

EDR102

AMENDED

Assigned To Facility

Funeral home

TRAINING FUNERAL HOME

Assigned By

Funeral Home assigned by

Date assigned

HEALTH EDRNTEST1

REGINA PUBLIC HOSPITAL

01/11/2024

Medical Certificate of Death

Name of Medical Informant

Date of signature

HEALTH EDRNTEST1

12/30/2023

Statement of Death

Name of Funeral Director


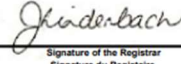

Date of signature

FD TRAINING


01/15/2024

**NOTE:** The Case Admin Tab has been updated to reflect the amended SOD. The Case number remains the same, a unique number specific to this SOD. The "Record Status" now displays "Amended". This SOD will display on the "Submitted Cases" tab of your Dashboard.

## Burial Permit

		Vital Statistics Act, 2009 <b>Burial Permit</b> <i>Loi de 2009 sur les services de l'état civil</i> <b>Permis d'inhumer</b>		Permit No. No. de Permis <u>D000044466</u> V.S.14	
This is to Certify La présente atteste					
That the death of Que le décès de <u>ANDREA LOUISE SPROSS</u>					
Who died at Qui est décédé (e) à <u>REGINA</u>		Sask. On Month Day Year (Sask) du Mois <u>11</u> Jour <u>30</u> Année <u>2023</u>		At the age of à l'âge(e) de <u>52 YEARS</u>	
Permission for interment, cremation or other disposal is granted to: L'autorisation d'inhumer, d'incliner la personne décédée, ou de procéder à d'autres démarches appropriées est accordée à:					
Name Nom <u>FD TRAINING</u>		 Signature of the Registrar Signature du Registraire			
Address Adresse <u>TRAINING FUNERAL HOME, 321 TRAINING STREET</u>					
<u>REGINA, SASKATCHEWAN S4S 6T1</u>					
Date of disposition or burial Date de disposition ou d'inhumation		Month Day Year Mois <u>01</u> Jour <u>20</u> Année <u>2024</u>			
Cemetery Name Nom du cimetière <u>LOCATION DETAILS</u>		Date Issued Date émis			
		Month Day Year Mois <u>01</u> Jour <u>11</u> Année <u>2024</u>			

**NOTE:** For this scenario, the "Date of disposition or burial" has been updated on the Burial Permit.

24. Click the  **Burial Permit** button from the toolbar on the left side of screen.
25. A new window will appear, displaying the burial permit. Print or save the permit from browser menu.
26. Close Burial Permit browser window or return to EDRN browser tab.



## Important: Amending an SOD when eHealth Saskatchewan has registered the death.

Once eHealth Saskatchewan completes the registration of the death, funeral home users can no longer make amendments to the SOD through the EDRN site.

### Case Admin Tab

When the death event has been registered, the **Amend Case** button will no longer be available.

**Training Funeral Director**  
 Funeral Director  
 Regina Funeral Home And Cemetery

**Statement of Death - JONAH JON KRIESER**

Deceased Information

Parent Information

Informant Information

Disposition Information

Death Information

Certification

Case Admin

Case Admin

Case number

Record status

EDR344

SIGNED

Assigned To Facility

Funeral home

REGINA FUNERAL HOME AND CEMETERY

Assigned By

Funeral Home assigned by

Date assigned

TRAINING FUNERAL DIRECTOR

REGINA FUNERAL HOME AND CEMETERY

09/15/2025

Medical Certificate of Death

Name of Medical Informant

Date of signature

CARRIE CORONER

09/15/2025

Statement of Death

Name of Funeral Director

Date of signature

TRAINING FUNERAL DIRECTOR

09/15/2025

- To request amendments to the SOD, the funeral home is to send an email to [dms@ehealthsask.ca](mailto:dms@ehealthsask.ca).

**End of Procedure.**