Oklahoma State Department of Health

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8:00 am to 4:30 pm
(Monday - Friday)

ROVER

Registering Oklahoma Vital Event Records

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https://rover.health.ok.gov/rover/gui/login/welcomeOK.jsp

ROVER

REGISTERING OKLAHOMA VITAL EVENT RECORDS

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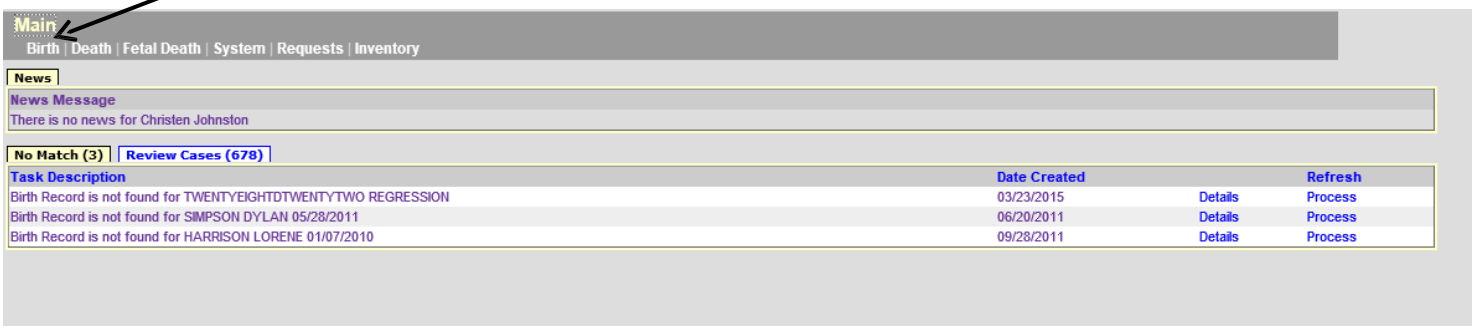
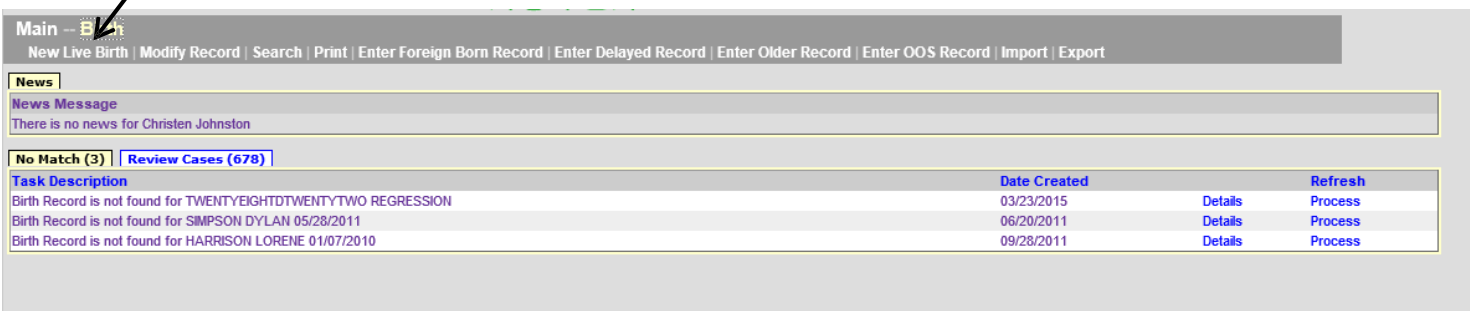
Starting a New Birth Record

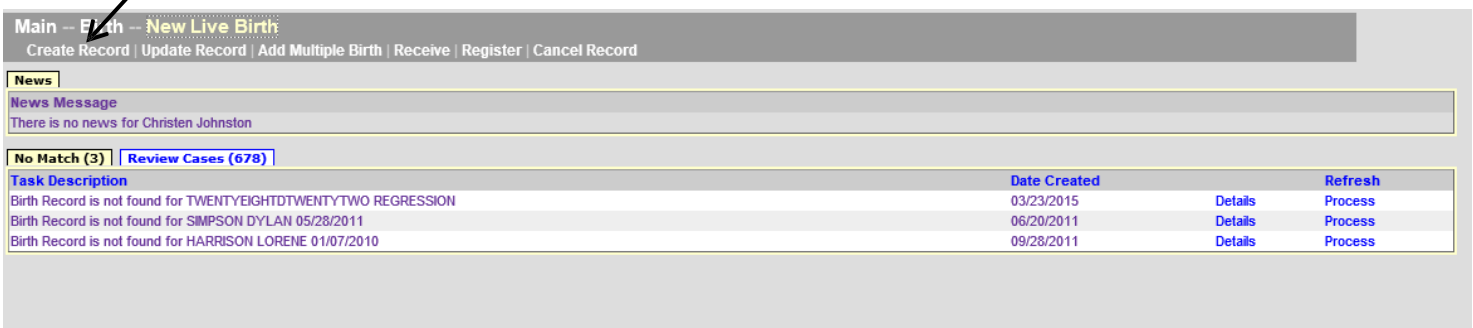
To begin a new case Click on **Birth** then follow the instructions below.



Click on **New Live Birth**.

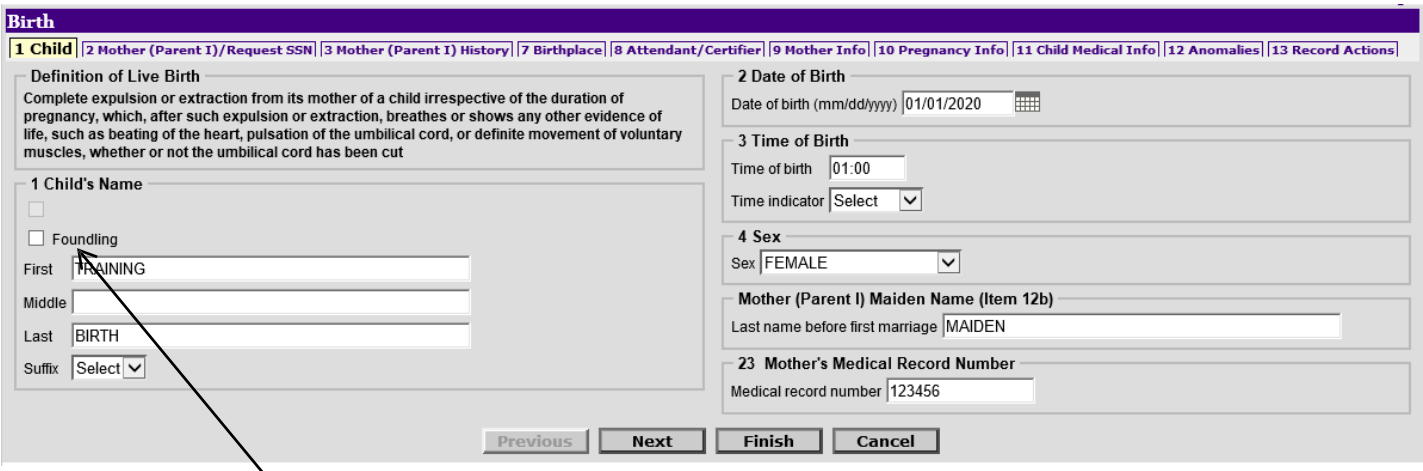


Then click on **Create Record.**



TAB 1 Child

The Child tab contains the name, date and time of birth, sex, mother's maiden name, and a box for the medical record number.



If the child is a **foundling** (an abandoned infant or discovered), then you would check the foundling box above the child name.

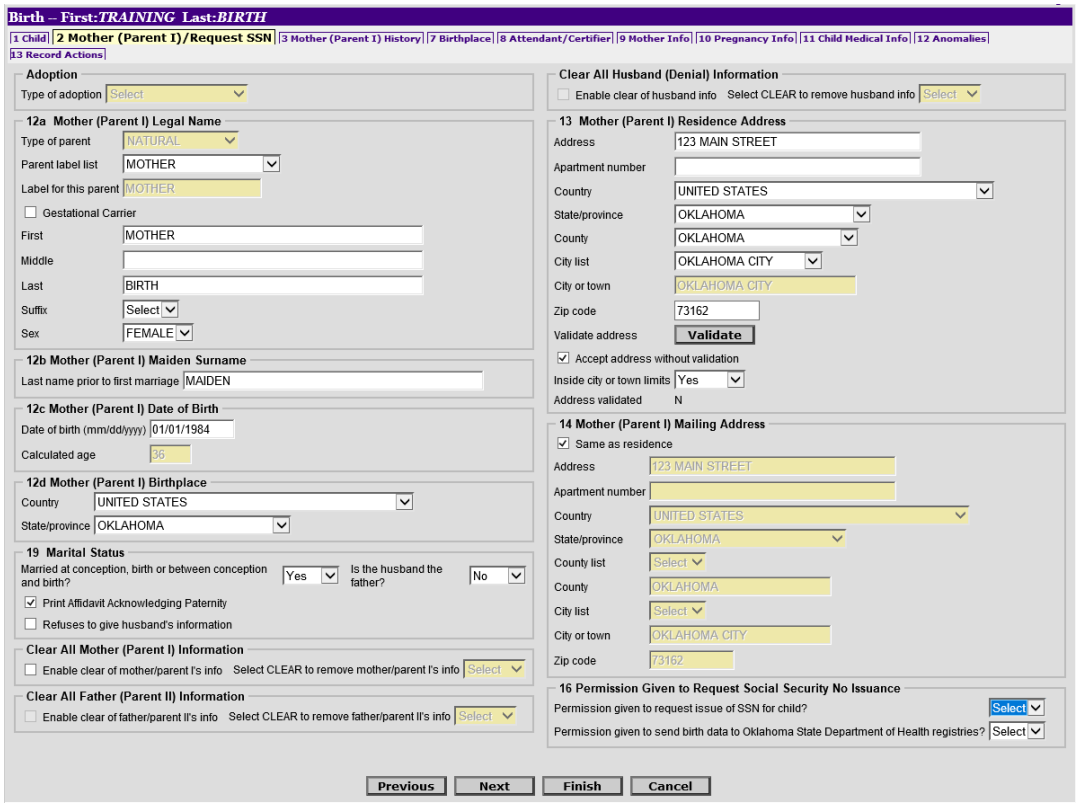
Start at the child's first name, and use the TAB key on the keyboard to fill out all the information on this page.

Unknown is not an acceptable entry in any of the name portions, and will result in the certificate being flagged as incomplete.

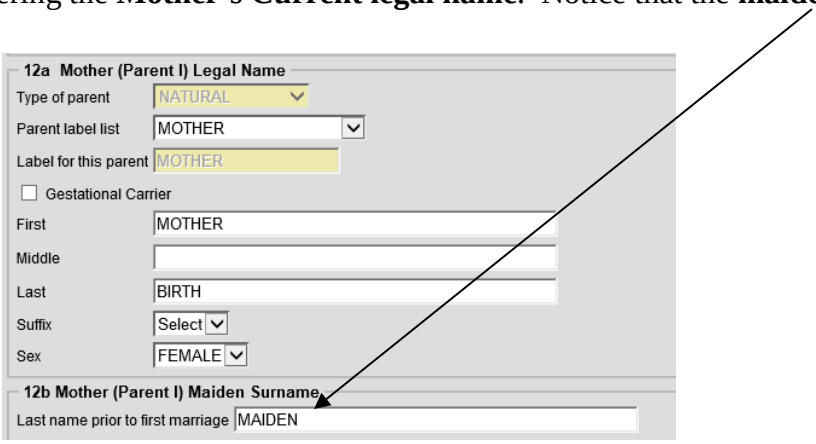
Click on "**NEXT"** button to proceed.

TAB 2 Mother

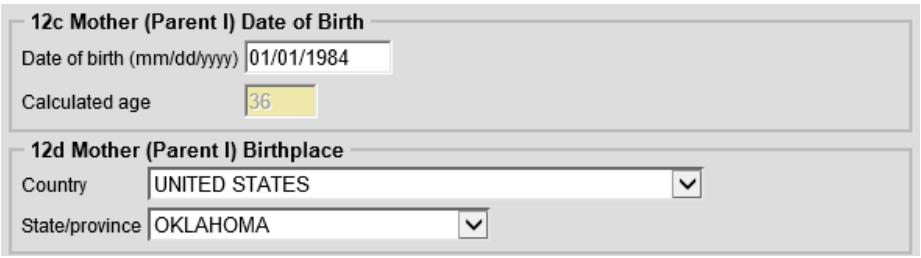
This tab contains several key pieces of information about the mother and paternity.



Start by entering the **Mother's Current legal name**. Notice that the **maiden name** copied over from TAB 1.



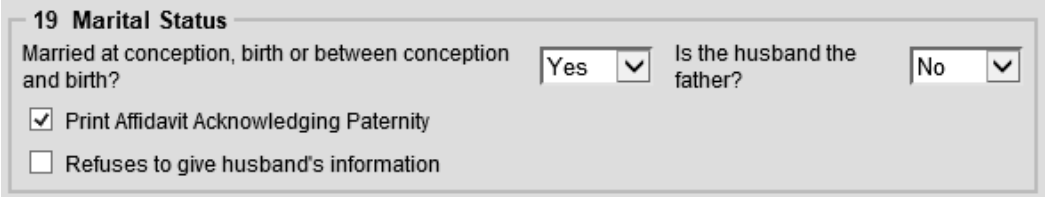
Move on to enter the **Date of Birth** and **birthplace** before getting to the Marital Status section.



(Mother-Tab 2 Continued…..)

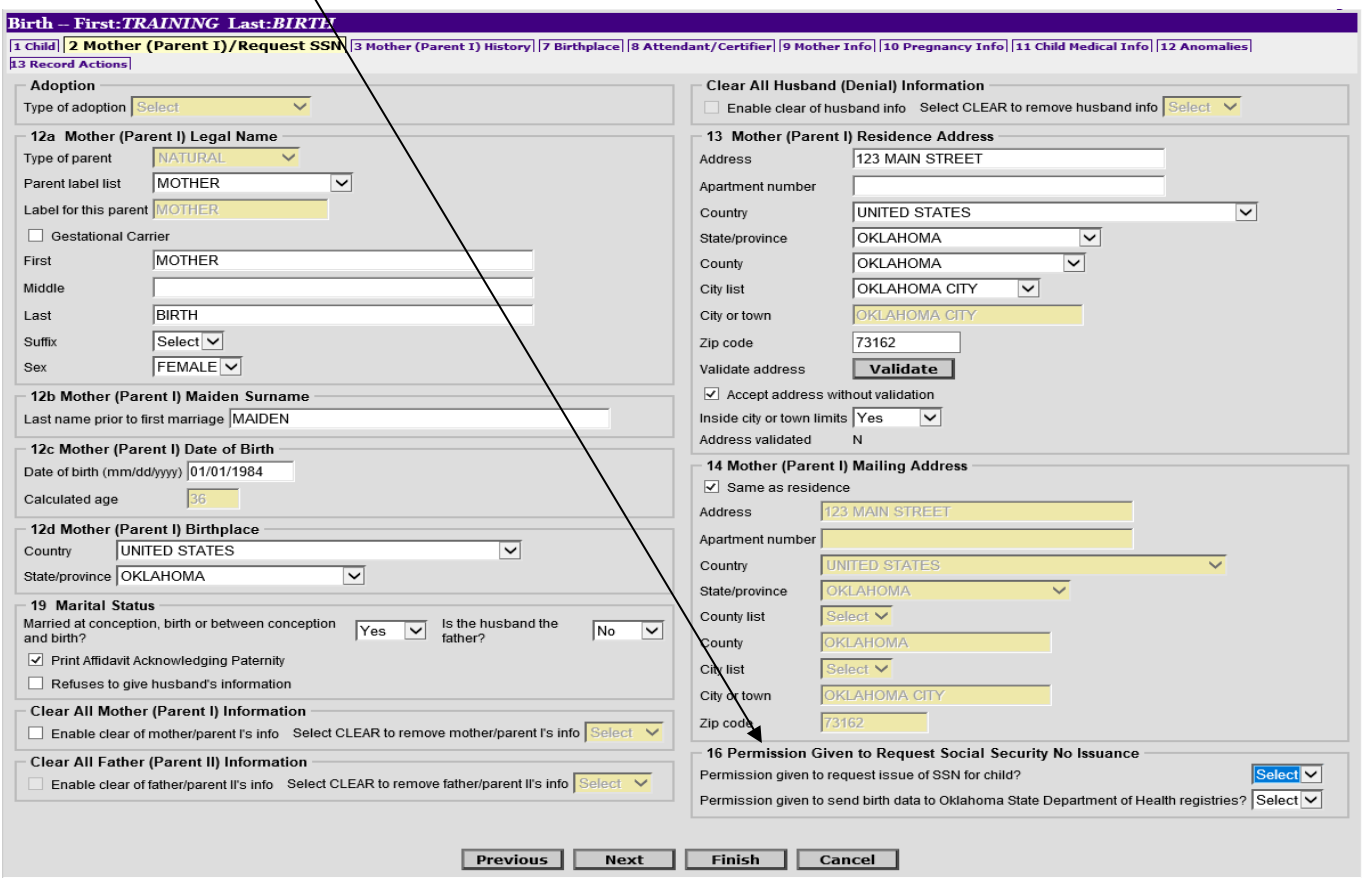
TAB 2 Mother-*(continued)*

The **Marital Status** section drives several choices further down on the record.



- If the mother is married, and the husband is the father, then enter Yes and Yes.
- If the mother is married, and the husband is not the father, then enter Yes and No.
- If the husband is available to sign the Denial of Paternity AND the biological father is available to sign the Acknowledgement of Paternity, then check the box indicating **Print Affidavit Acknowledging Paternity**. This will allow ROVER to print an Acknowledgement and Denial of Paternity Form.
- If the mother was not married, then enter No.
- If on any of the options, besides not married, the mother is refusing to give the husbands information, then you want to check the box **Refuses to give husband's information**. This box should be checked whether the husband is or is not the father.

*Please NOTE: **ITEM 16**: MUST be entered as NO and NO in this case. Please explain to the mother that the record will be marked as INCOMPLETE and she will not be able to receive a copy of the birth certificate or receive a Social Security Card until the information is provided and the additional fee of $25.00 is paid to the State, per State Law.*



(Mother-Tab 2 Continued…..)

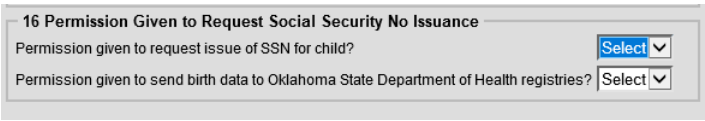
TAB 2 Mother-*(continued)*

If the mother only gives SOME of the husband's information, enter this information in the *Comments Among Users box* at the end of the record.

If she gives all the information except his Social Security Number, you may enter this in the record and enter all nines in the Social Security Number box. However, the record will still be marked as Incomplete, since this information is required by Federal Law. **Item 16** Must still be marked as *NO* and *NO*.

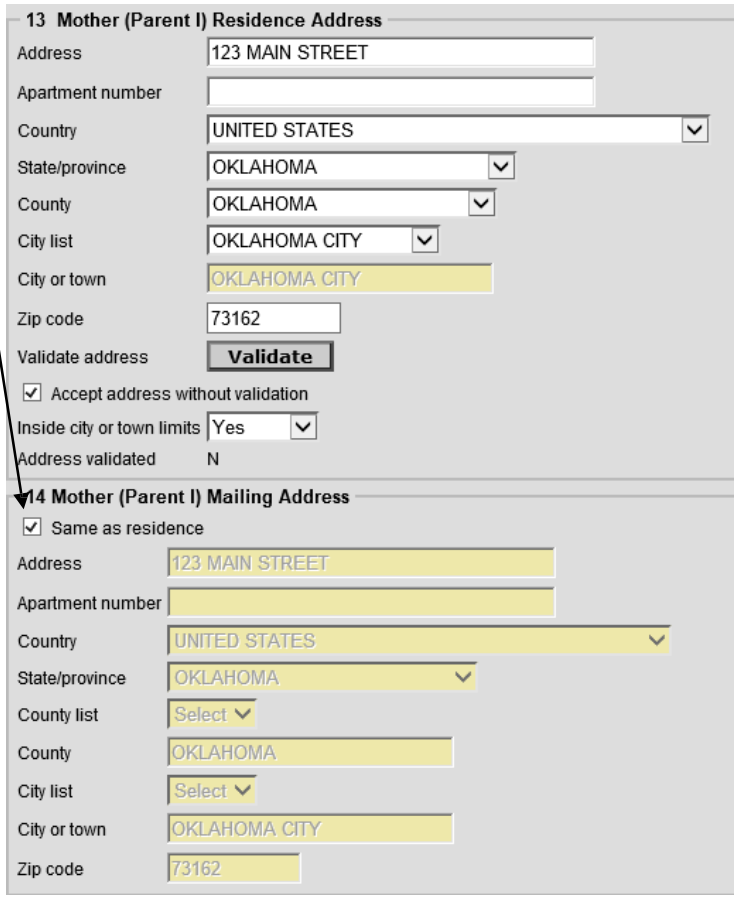
Also, if the child is not named, or deceased, **Item 16** must be set to *NO* and *NO*. This prevents someone from establishing an identity for someone who is deceased or for a child not named.

*Every birth will also include a signature page that you must fax into us. The signature page needs to reflect Box 16s choices, as well as needing to have all required signatures. You should not hold onto the signature page and wait for the mother to come back and complete it. Please ensure you obtain the signatures right away and fax it in. Missing or incomplete signature pages will result in **Item 16** being NO and NO.*



After selecting the correct choices and choosing the Affidavit / Refusal options, move on to enter the **Mothers Residence Address** and **Mailing Address**.

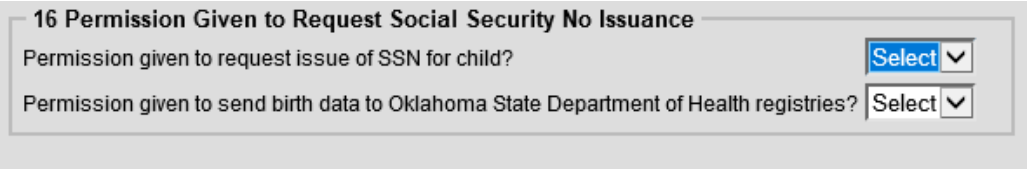
Notice there is a **Same as residence checkbox** for **Mailing Address**. If you select this box and TAB, the information will automatically copy for you.



(Mother-Tab 2 Continued…..)

TAB 2 Mother-*(continued)*

There are 2 drop down selections for the **Social Security Issuance (Item 16)**.



If **Permission given to request issue of SSN** for child is changed to a *YES*, then the child should automatically receive a social security card without the parent having to go to the Social Security Administration Office.

If this option is *NO*, then to receive a Social Security Number for the new born, the parent will have to perform the standard steps to get one.

The other option, **Permission given to send birth data to Oklahoma State Department of Health registries** is set to a *YES*, then the state is authorized to send data to public health registries to better track information such as Immunization Registry, birth defects, etc.

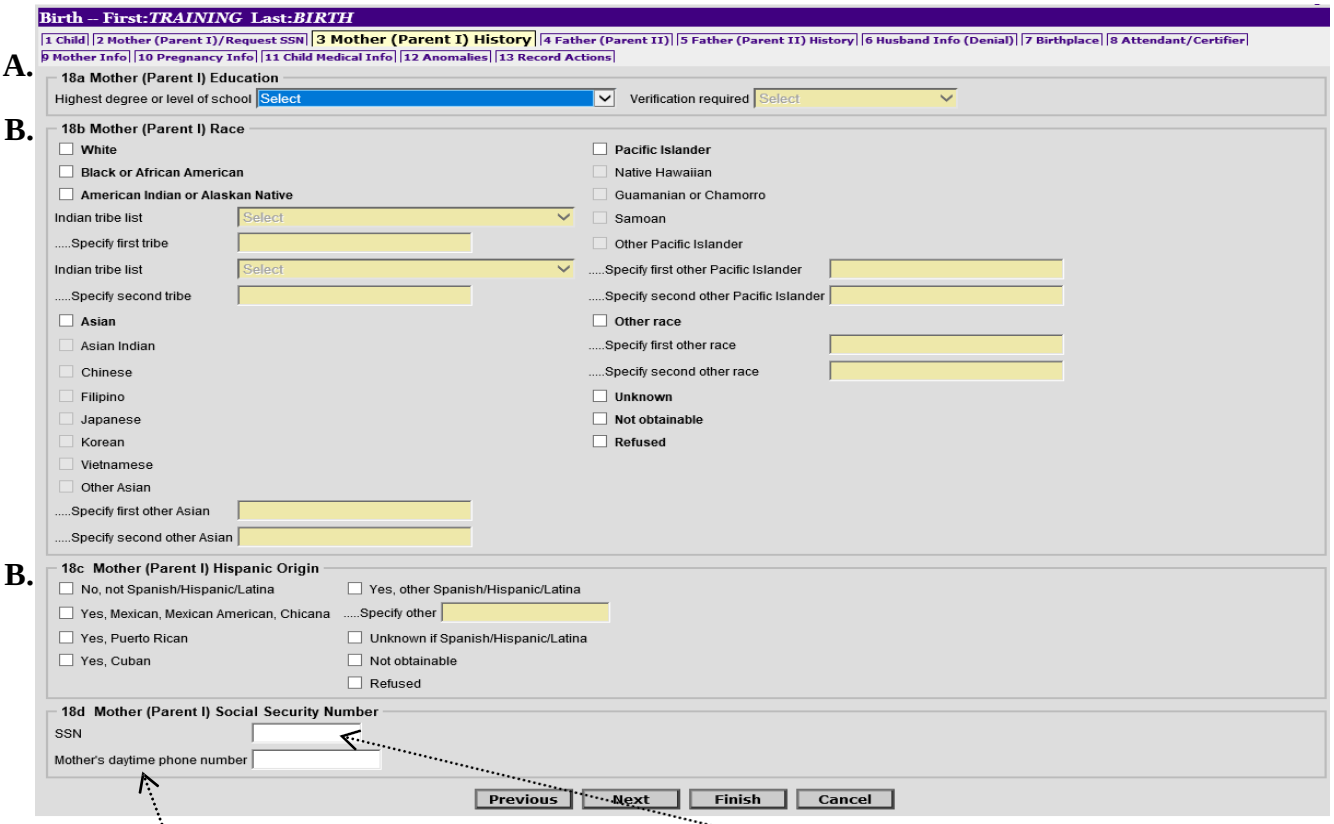
For help completing this section, please contact Oklahoma State Department of Health's New Birth Department at 405-271-4212.

Once you have finished making all the selections, Click "**NEXT"** to proceed.

TAB 3—Mother (Parent I) History

Use your mouse to select the **(A.) Mother's degree of Education** and then select the **(B.) Mother's race and origin.**

Please note: More than one race can be selected. For the Hispanic Origin, you will notice some options become unavailable when others are selected. None of this information prints on the birth



If the Mother or Father were born in the United States they DO HAVE a **Social Security Number**. If they do not provide it, enter all 9's and enter *No* and *No* in Item 16 on TAB 2. Use the comment box on TAB 13 to note if the mother refused to give Social Security Number.

If the Mother or Father were born outside of the United States ASK THEM if they have a **Social Security Number**. If they DO NOT have one, never have had one, probably never will get one, enter all 8's. This entry does not affect Item 16.

Enter the **mother's phone number** as we sometimes use this information prior to Registration.

Once everything is entered, click "**NEXT"** to proceed to TAB 4.

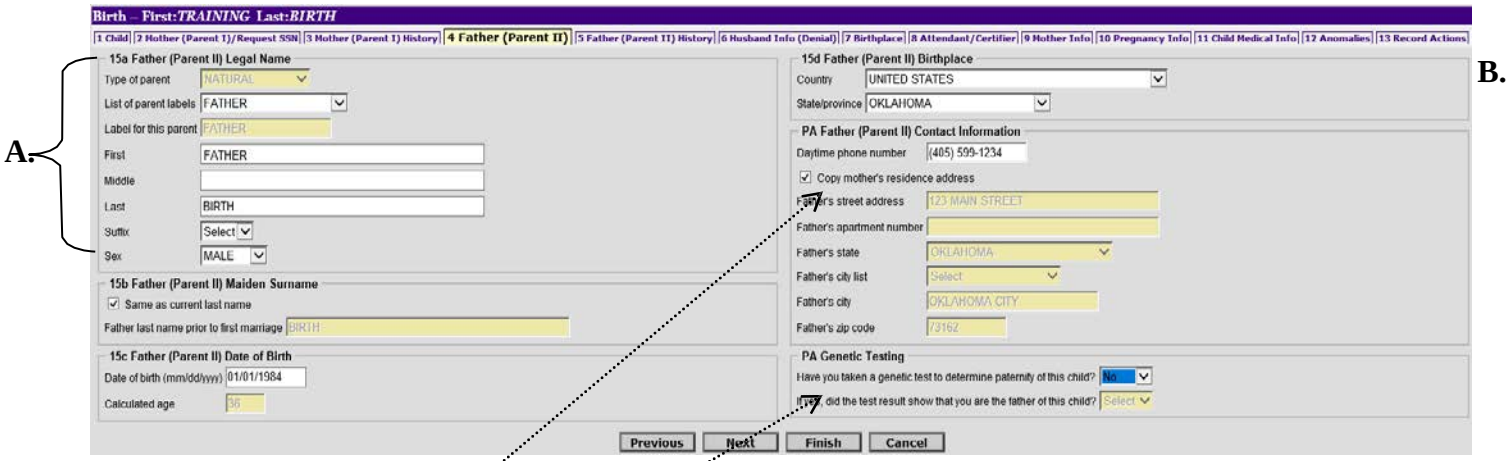
TAB 4—Father (Parent II)

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and/or refused. If this TAB is visible, then you will see it looks very similar to TAB 2.

(A.) Enter the **Father's Name**, **Date of Birth** and **Suffix.** The Suffix is if the father is a Jr., Sr., II, IV, etc. Use the drop down to select the appropriate suffix. If there is no Suffix, skip this field.

(B.) Then proceed to enter **Father's Birthplace**, and **Contact information**.

If the father does want to provide the telephone number, you can enter all 9's. The omission of the phone number will not delay the record.



Notice there is a **checkbox** under contact information to make copying the address information easier if it's the same as the mother's.

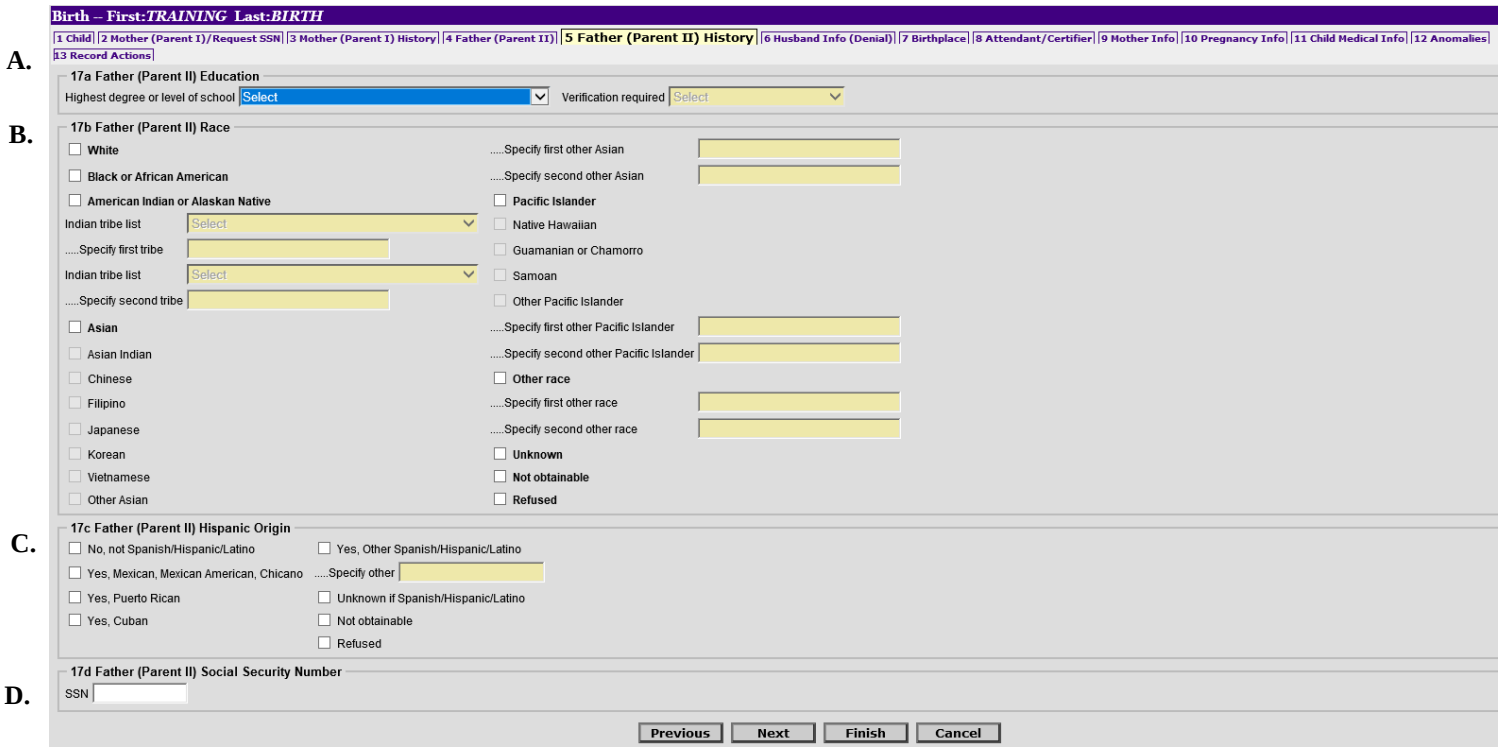
The **Genetic Testing fields** will be locked or unlocked depending on the Marriage and Paternity questions from TAB 2 as well.

Once everything is entered, click "**NEXT"** to proceed to TAB 5.

TAB 5—Father (Parent II) History

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and refusal. If this TAB is visible, then you will see it looks very similar to TAB 3.

(A.) Start with selecting the **Father's Degree of Education** and then select the (**B.) Father's race and (C.) origin.** The same rules apply to Race and Ethnicity as it did in TAB 3.



(D.) If the Mother or Father were born in the United States they DO HAVE a **Social Security Number**. If they do not provide it, enter all nines and enter *No* and *No* in Item 16.

If the Mother or Father were born outside of the United States ASK THEM if they have a **Social Security Number**. If they DO NOT have one, never have had one, probably never will get one, enter all eights. This entry does not affect Item 16.

Once everything is entered, click "**NEXT"** to move to TAB 6.

TAB 6—Husband Info (Denial)

This tab may not be visible depending on the selections you entered from TAB 2 regarding married and refusal. If this TAB is visible, then you would have a situation where the mother was married and the husband is denying paternity.

If the mother is married, then to enter someone other than the husband on the birth certificate you must have **BOTH** a *Denial and an Acknowledgement of Paternity Form*. This TAB is very similar to TAB 2 and TAB 5; and the same rules apply.

1 Child | 2 Mother (Parent I)/Request SSN | 3 Mother (Parent I) History | 4 Father (Parent II) | 5 Father (Parent II) History | 6 Husband Info (Denial) | 7 Birthplace | 8 Attendant/Certifier | 9 Mother Info | 10 Pregnancy Info | 11 Child Medical Info | 12 Anomalies | 13 Record Actions

Legal Name
First | Middle
Last | Suffix Select

Date of Birth
Date of birth | Calculated age

Birthplace
Country Select | State/province Select

Education
Highest degree or level of school Select

Race - Select at least one for finished record
- White
- Black or African American
- American Indian or Alaskan Native
  - Indian tribe list Select
  - .....Specify first tribe
  - Indian tribe list Select
  - .....Specify second tribe
- Asian
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - .....Specify first other Asian
  - .....Specify second other Asian
- Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
  - .....Specify first other Pacific Islander
  - .....Specify second other Pacific Islander
- Other race
  - .....Specify first other race
  - .....Specify second other race
- Unknown
- Not obtainable
- Refused

Hispanic origin - Select at least one for finished record
- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
  - .....Specify other
- Unknown if Spanish/Hispanic/Latino
- Not obtainable
- Refused

Social Security Number
SSN

Previous | Next | Finish | Cancel

*Note: You must have **BOTH** forms (an Acknowledgement of Paternity and a Denial of Paternity) **PRIOR** to the mother being discharged from the hospital, witnessed by hospital staff, including the Signature, Printed Name and Hospital/Facility Name and/or Address.*

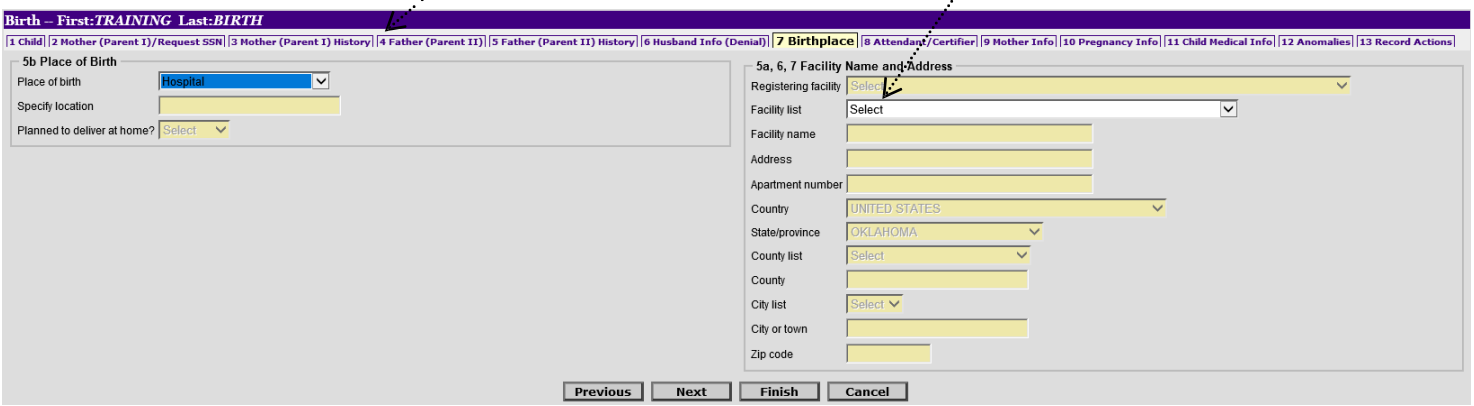
Once everything is entered, click "**NEXT**" to proceed to TAB 7.

TAB 7—Birthplace

As a birth clerk, this TAB should have all your information pre-populated. If it is missing, or you are not logged in as a birth clerk, then you may need to manually select the **Place of Birth** and the **Facility**.

Most facilities are available in the **Facility Dropdown List**, but a few entries for **Place of Birth** allow you to manually type in the correct information.

Births which occur outside of your facility (in route, in an ambulance, etc.) are each different.



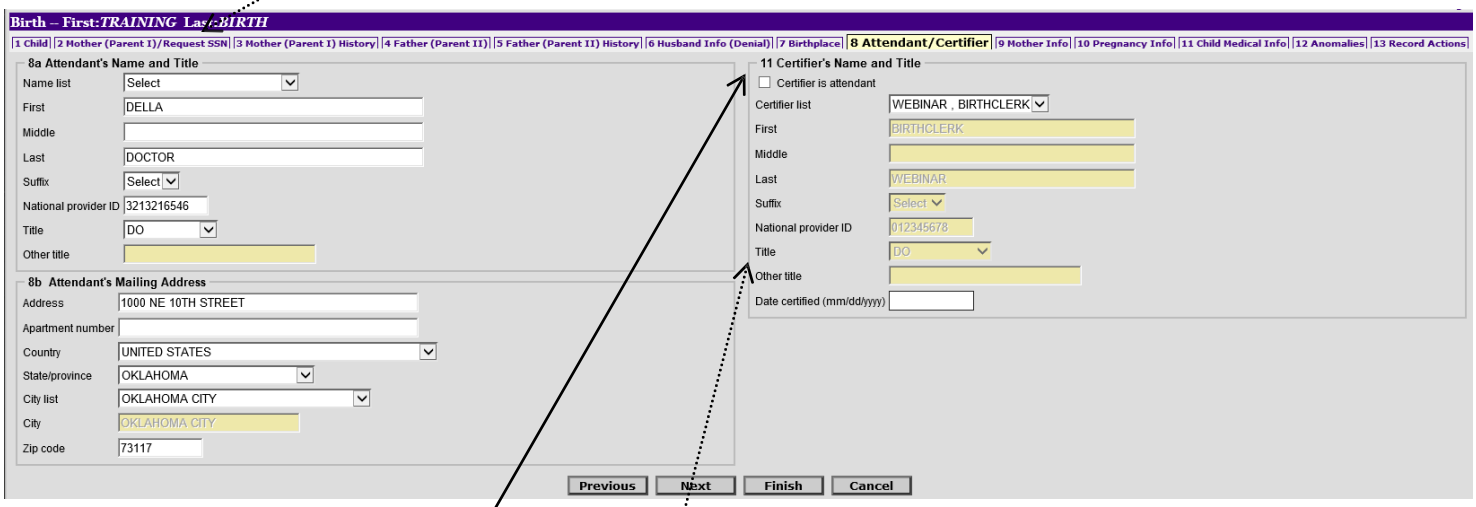
Once everything is entered, click "**NEXT**" to proceed to TAB 8.

TAB 8—Attendant / Certifier

The doctors that are known to the State are available in a drop down list for **Attendants Name and Title**. If your *Attendant* is missing, please email us the information and we will work to add them to the list for you. Selecting someone from the list auto-populates all the information we have for them, saving you time. Otherwise, you will have to manually enter the information.

The *Attendant* is always the person was present at, or attended, the birth.

> *Note: If the mother was alone at the time of the birth, she is the Attendant, even if she was in the hospital at the time of the event. If the physician who was scheduled to deliver the baby was not present at the time of the birth, the physician is NOT listed as the attendant.*



There is a checkbox under **Certifier's Name and Title** that will copy the attendant information over if they are the same. If they are different, there's a list of known names for certifier's to choose from. Adding someone to this list would just require an email to us. Otherwise, you manually enter information here as well.

Most Birth Clerks Do Not have a **National Provider ID**, either enter NONE or leave this box Blank. The Date Certified is the date you enter the record.

Once everything is entered, click "**NEXT"** to move to TAB 9.

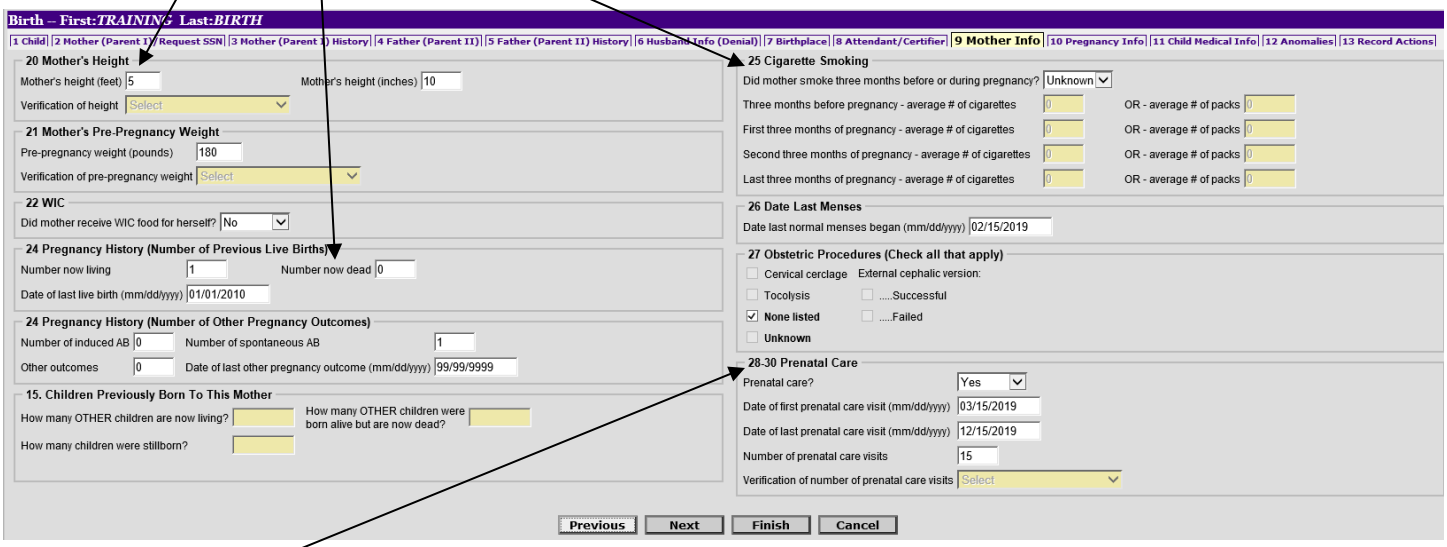
TAB 9—Mother Info

This TAB contains much of the personal information about the mother and some behaviors during pregnancy. As a state we report the information you enter here to a national level that uses it to determine healthy practices in states, possible funding for education and prevention, and more. It is vital to get as much accurate information as possible to ensure we, as a state, are able to receive funding and get ranked accordingly.

(A.) When entering **Mother's Height** (feet) / (inches), BOTH boxes must have an entry. For a flat Height you would enter **"0"** into the inch field.

(B.) Box 24, **Pregnancy History,** has information on Induced and Spontaneous Abortions, as well as other outcomes. If there are none, enter 0, otherwise enter the correct numbers.

(C.) Box 25, **Cigarette Smoking**, has smoking information, starting at 3 months before pregnancy.



(D.) The **Prenatal Care** information is another important piece of information that is reported by our state to the national level. Please ensure you get accurate information to ensure we are reporting correctly. Too much UNKNOWN, or inaccurate information, negatively impacts our state.

Once everything is entered, click "**NEXT"** to proceed to TAB 10.

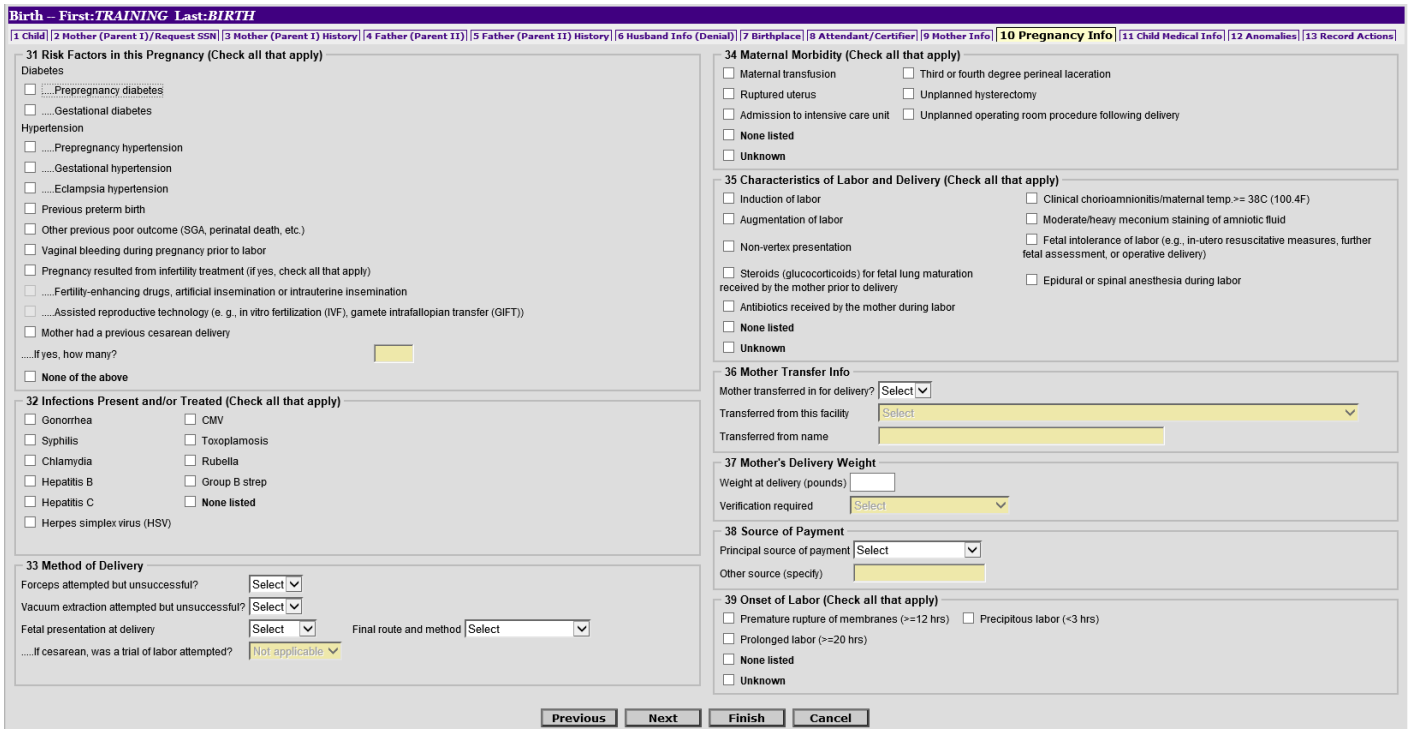
TAB 10—Pregnancy Info

This TAB contains more information related to health and delivery. Information is tracked and reported here in the same manner as the previous TABs, so it is vital to enter accurate information.

(A.) Method of Delivery, for example, would be used to say that 50% of Oklahoma births are Cesarean. And could even be used to say that they were pre-planned or not, and could tie it into Gestational Diabetes.

(B.) Box 37, **Mother's Delivery Weight**, has delivery weight of the mother, which would be used to track pregnancy health and tie into statistics on risk factors related to weight gain of the mother.

Incorrect information here could result in bad advice being given to future mothers on the amount of weight that should be gained that is considered safe, or healthy.



A.

B.

C.

(C.) Enter the information on **Source of Payment**, you may need to check with your Billing Department to obtain this information.

Note: Many sections on this tab instruct you to "Check all that Apply". Please ensure any and all boxes are checked that apply to this birth.

Once everything is entered, click "**NEXT"** to proceed to TAB 11.

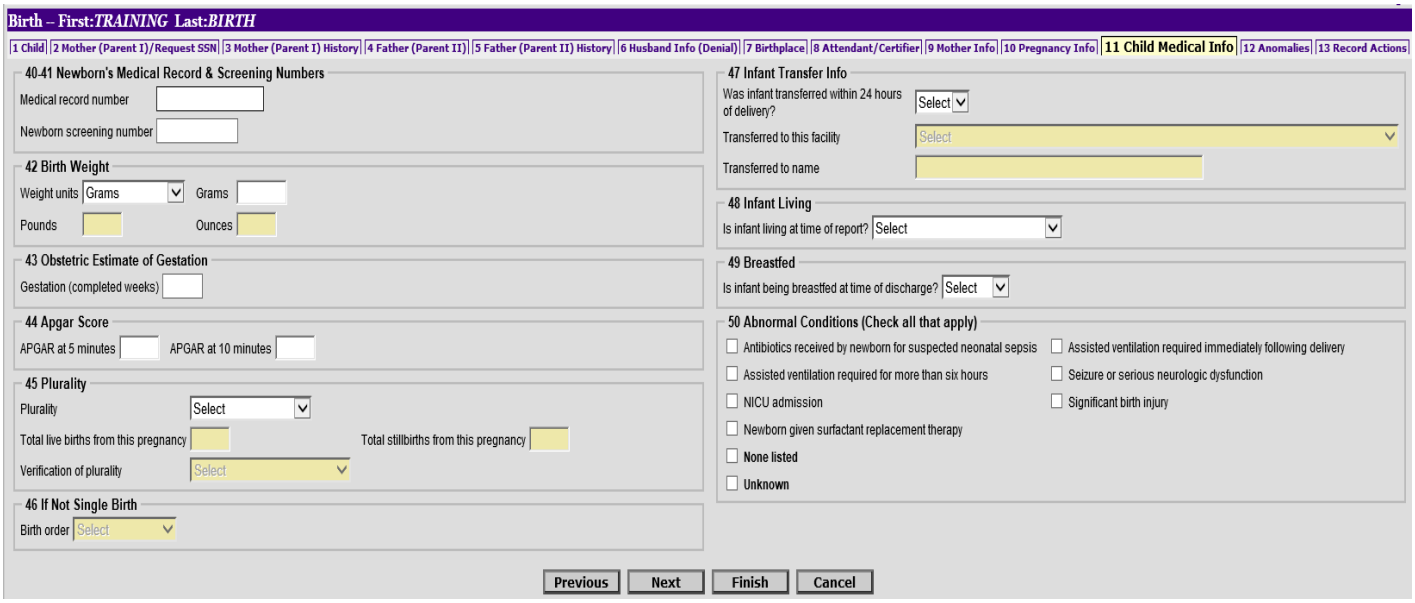
TAB 11—Child Medical Info

This Tab is the child's information portion of the record. This has information on birth weight, APGAR, Plurality, transferred/living/breastfeeding, and abnormal conditions.

(A.) Box 42, **Birth Weight,** can be entered in Grams or Pounds and Ounces. If you choose to enter the Pounds and Ounces, make sure to enter numbers in both fields. For instance, if the weight is 5 lbs. and 0 oz. then you must enter the 0 in the ounces section for ROVER to allow you to continue.

(B.) Box 44, **APGAR,** is asking for scores at 5 and 10 minutes. It is understood that most hospitals record scores at 1 and 5 minutes, and then 10 minutes if necessary. We only want the 5 minute score, and if you took it, a 10 minute score. Please do not include the 1 minute score you obtained. Also, if the score is 6 or higher, you can leave the 10 minute score blank.

(C.) Box 45, **Plurality,** is used if the birth is single or multiple. If the birth is multiple, Plurality unlocks helpful options for your future entries that will speed up your entry time. As with the other TAB's, accuracy is vital as child weight, breastfeeding, and APGAR scores are used in most national and state reports.



(D.) Ensure to check for accuracy when entering the "is **Infant Living** at the time of report?"

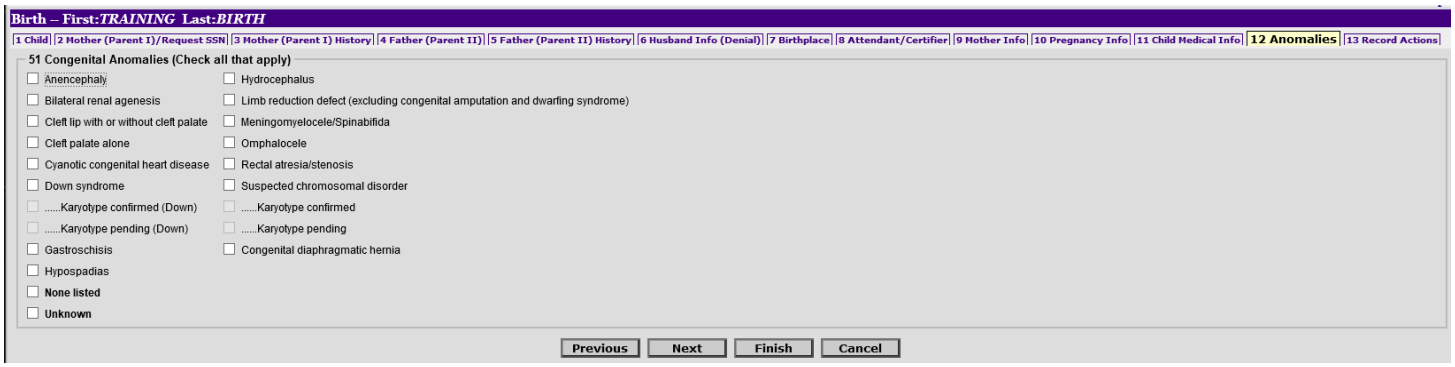
If the infant is *DECEASED*, Item 16 on TAB 2 must be entered as *NO* and *NO*.

(E.) If *DECEASED* (Box 49, **Breastfed**) the question concerning breastfeeding will be blocked out. You should also enter the time of death and date of death details from the case into the comment box on TAB 13 if you answer deceased.

Once everything is entered, click "**NEXT"** to proceed to TAB 12.

TAB 12—Anomalies

Tab 12 contains information on any abnormalities observed.

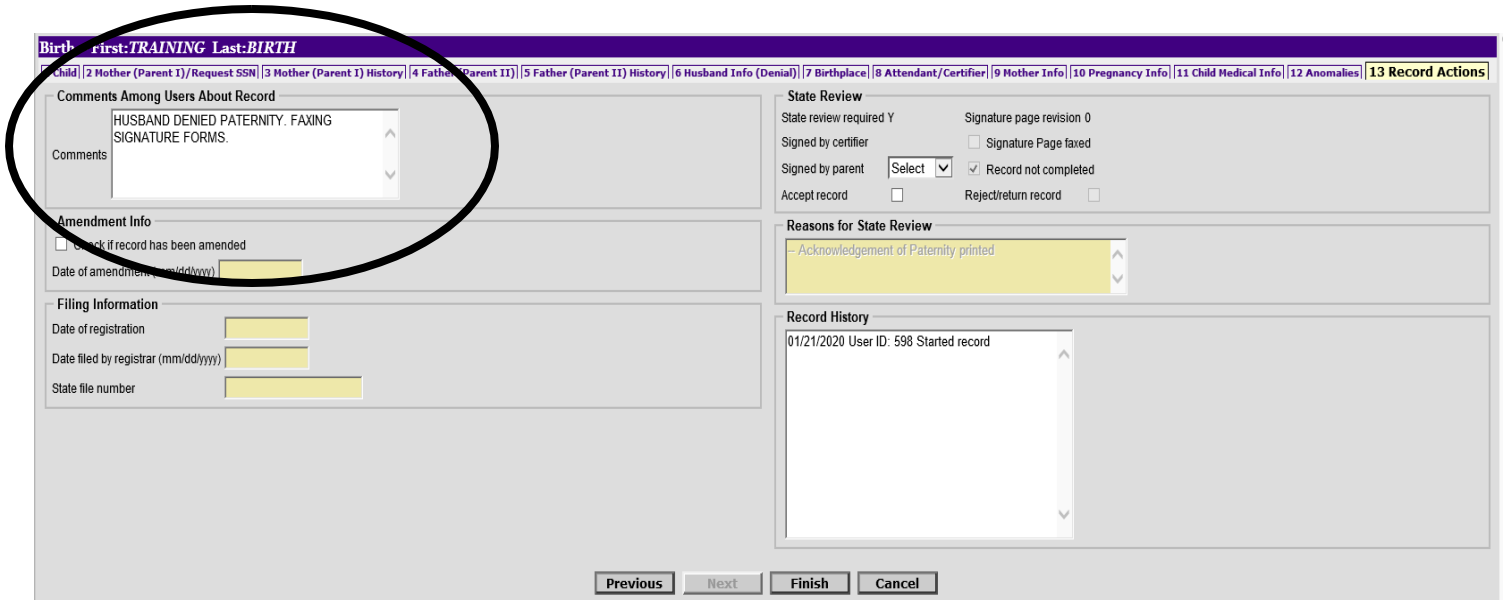


Once you have made the correct selections, click "**NEXT"** to move to TAB 13.

TAB 13—Record Actions

You can enter any **comments** you might need to about your record which you want to notify the State/Birth Registrations about (Paternity issues, etc.).

If the infant is DECEASED, please enter this with the Date of Death, and Time of Death if known.

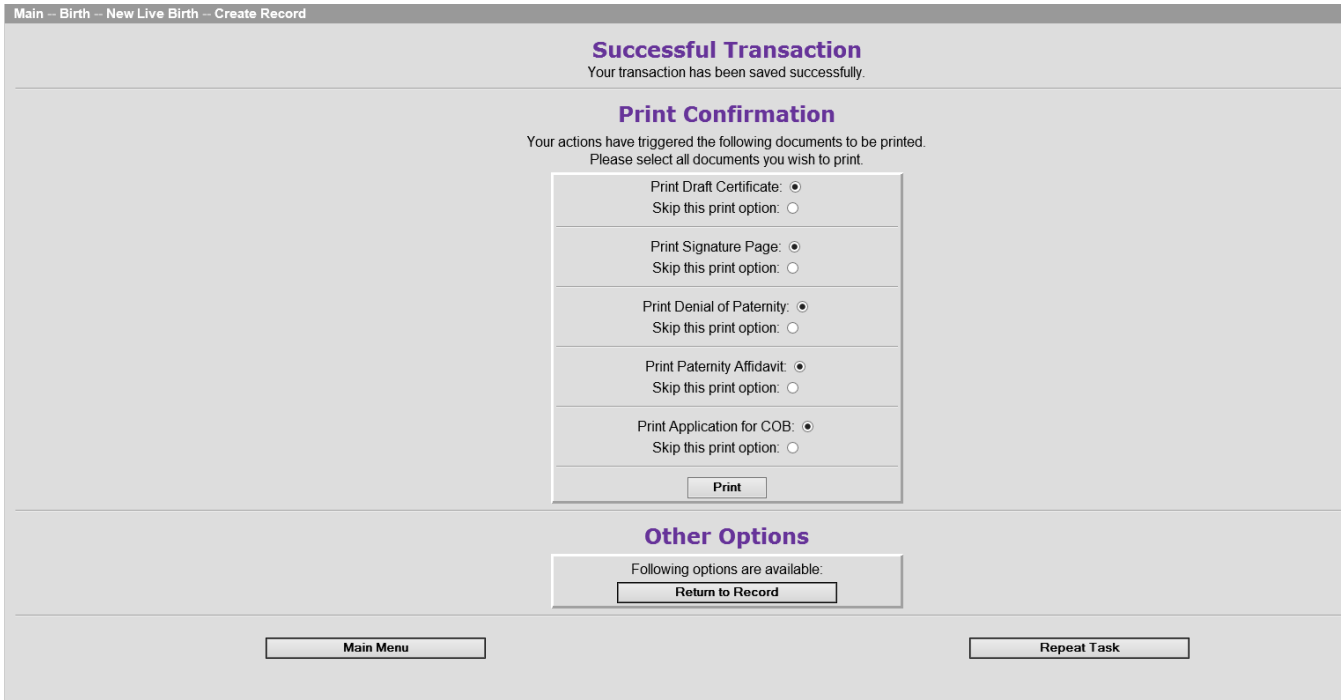


Click **FINISH** to save the record.

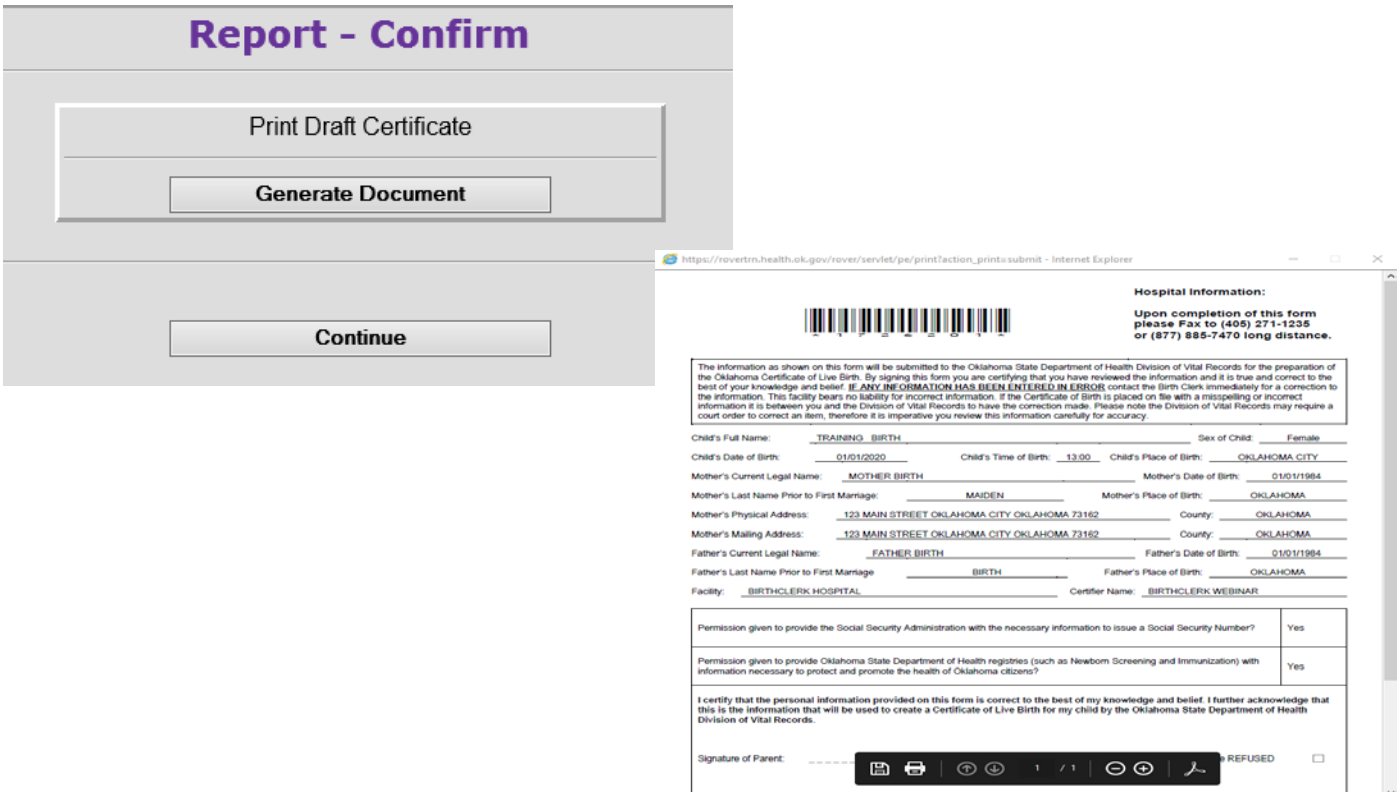
Print Options

After you click **Finish**, you are presented with multiple printing options. There are circles you can select for whether you want to print or skip printing each item.

Select all the ones you want to print and click the **PRINT** button.



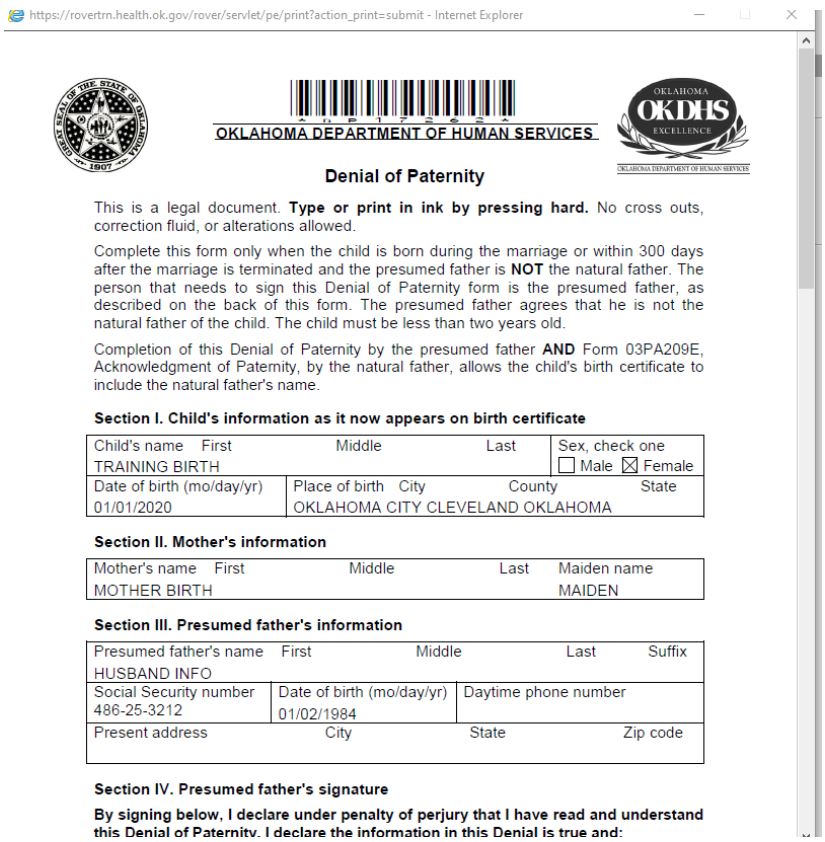
This tells you what document you are about to print, and gives you a **GENERATE DOCUMENT** button to press. Pressing this button will make a PDF launch for you to print, and may leave an empty web browser up for you to close after printing.



Print Options *(Continued….)*

Once you have printed the document, you would press the **CONTINUE** button to move to the next page you opted to print. And you would keep going until you were out of things to print.

And again you can print the next document, which is the Denial of Paternity. You will click GENERATE **DOCUMENT** and a PDF will launch for you to print.



https://rovertrn.health.ok.gov/rover/servlet/pe/print?action_print=submit - Internet Explorer

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Denial of Paternity

This is a legal document. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations allowed.

Complete this form only when the child is born during the marriage or within 300 days after the marriage is terminated and the presumed father is **NOT** the natural father. The person that needs to sign this Denial of Paternity form is the presumed father, as described on the back of this form. The presumed father agrees that he is not the natural father of the child. The child must be less than two years old.

Completion of this Denial of Paternity by the presumed father **AND** Form 03PA209E, Acknowledgment of Paternity, by the natural father, allows the child's birth certificate to include the natural father's name.

Section I. Child's information as it now appears on birth certificate

Child's name First	Middle	Last	Sex, check one
TRAINING BIRTH			☐ Male ☒ Female
Date of birth (mo/day/yr)	Place of birth City	County	State
01/01/2020	OKLAHOMA CITY	CLEVELAND	OKLAHOMA

Section II. Mother's information

Mother's name First	Middle	Last	Maiden name
MOTHER BIRTH			MAIDEN

Section III. Presumed father's information

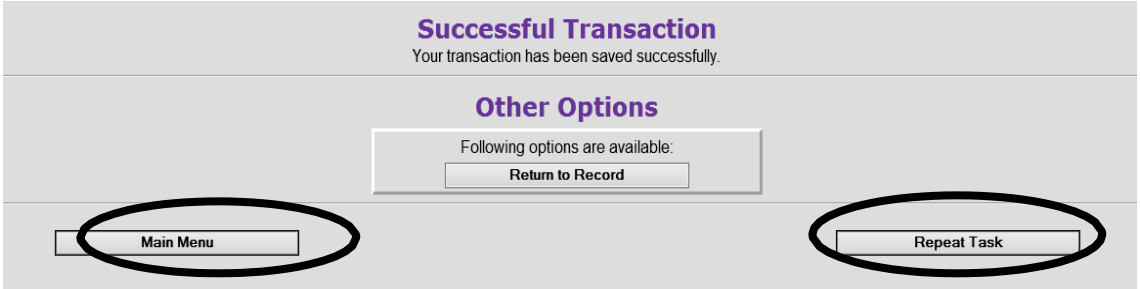
Presumed father's name First	Middle	Last	Suffix
HUSBAND INFO			
Social Security number	Date of birth (mo/day/yr)	Daytime phone number	
486-25-3212	01/02/1984		
Present address	City	State	Zip code

Section IV. Presumed father's signature

By signing below, I declare under penalty of perjury that I have read and understand this Denial of Paternity. I declare the information in this Denial is true and:

Print Options *(Continued….)*

When you do run out of things to print, you will be given a few options to select from. If you had a Plurality of more than 1, you will see an option to enter another birth and it would start a record with much of the information entered for you.

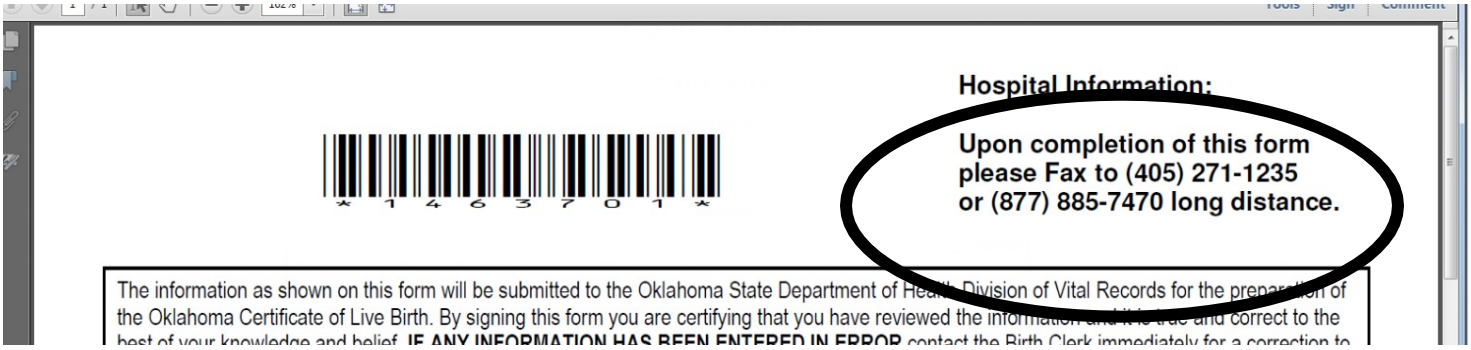


Usually you would either click **Main Menu** to be all done, or **Repeat Task** to enter the next birth in your work load.

Submitted Printed Forms

Once printed take the **Signature Page** and **Acknowledgement of Paternity** to the mother and have her proof all the information. If all the information is correct, have the mother sign.

Fax completed signed **Signature Page**, **Acknowledgement of Paternity** and/or **Denial of Paternity** to the BIRTHFAX line. This number can also be found on the top right hand corner of the Signature Page.
(405) 271-1235 or long distance at (877) 885-7470

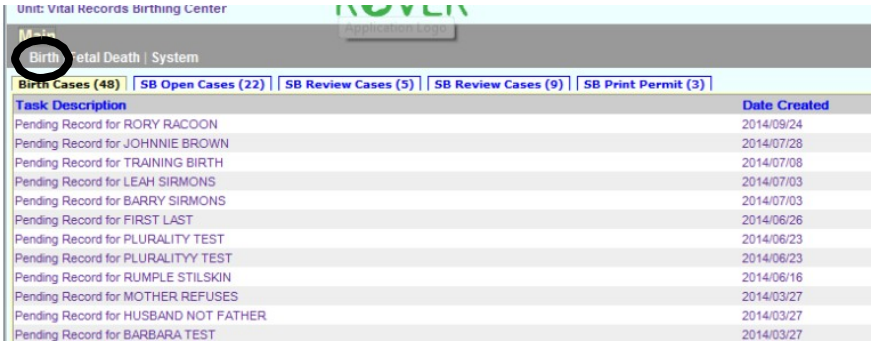


If you encounter any issues with the BIRTHFAX line, email - **B irth FaxHel p @h ealth.o k .gov** or call the **New Birth Department** at (405) 271-4212.

Note: Please ensure the barcode at the top of the form is legible and note that every page sent is it's own document. If a fax is sent with a cover letter explain something, we won't know which document it belongs with.

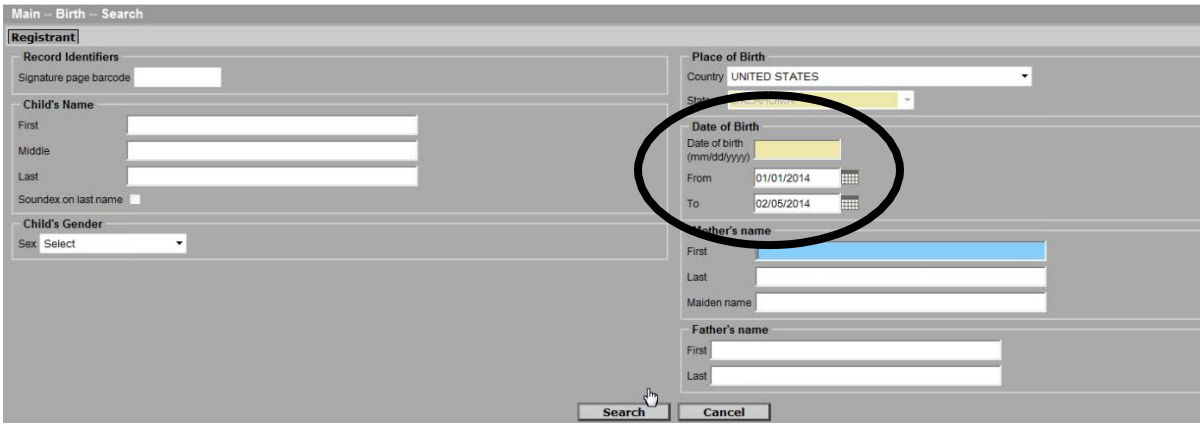
Checking on Submitted Faxes

From the main page you can also check on the status of the signature pages you fax into us. By clicking on **Birth.**



Then Click **Search.**

Inside here, you would enter a date range to search. Enter the past 2 weeks to pull up your birth records.

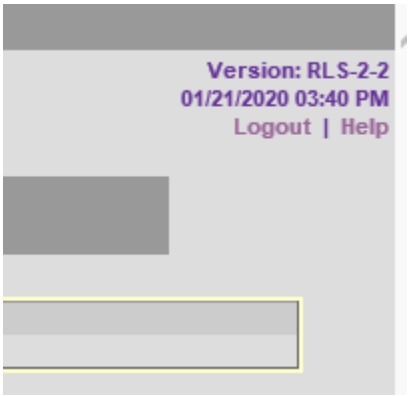


The **Record Status** will tell you if the fax was received or if it had a problem. Any record that says **NOT SUBMITTED** means we have nothing and the record needs to be checked on. Submitted for Registration and Registered records have been received. Please wait 48 hours before assuming NOT SUBMITTED records are experiencing a problem.

Last Name	First Name	Birth Date	County of Birth	Sex	Mother's Maiden Name	Facility	ICN	Status	
JONES	STEVEN	01/01/2014	OKLAHOMA	M	PRICE	VITAL RECORDS BIRTHING CENTER	2014010000047	Registered	Details
TEST	JOE	01/27/2014	OKLAHOMA	M	PROBLEM	VITAL RECORDS BIRTHING CENTER		Not submitted	Details
SMOOE	JOE	01/30/2014	OKLAHOMA	M	SMITH	VITAL RECORDS BIRTHING CENTER		Not submitted	Details
FIVE	HBC	02/01/2014	OKLAHOMA	M	CINCO	VITAL RECORDS BIRTHING CENTER	2014010000005	Registered	Details
FOUR	BRU	02/01/2014	CLEVELAND	M	QUATRO			Submitted for Regist...	Details
FOUR	HBC	02/01/2014	OKLAHOMA	M	QUATRO	VITAL RECORDS BIRTHING CENTER	2014010000009	Registered	Details
FOUR	HBC	02/01/2014	OKLAHOMA	M	QUATRO	VITAL RECORDS BIRTHING CENTER	2014010000009	Registered	Details
SEVEN	HBC	02/01/2014	OKLAHOMA	M	SIETE	VITAL RECORDS BIRTHING CENTER	2014010000006	Registered	Details
SEVEN	HBC	02/01/2014	OKLAHOMA	M	SIETE	VITAL RECORDS BIRTHING CENTER	2014010000006	Registered	Details
SEVENTWO	HBC	02/01/2014	OKLAHOMA	M	SIETE	VITAL RECORDS BIRTHING CENTER	2014010000007	Registered	Details
SIX	HBC	02/01/2014	OKLAHOMA	M	SEIS	VITAL RECORDS BIRTHING CENTER	2014010000008	Registered	Details
TEN	HBC	02/01/2014	OKLAHOMA	M	DEIS	VITAL RECORDS BIRTHING CENTER		Submitted for Regis...	Details
THREE	HBC	02/01/2014	OKLAHOMA	M	TRES	VITAL RECORDS BIRTHING CENTER	2014010000004	Registered	Details
DEATH	INFANT	02/05/2014	OKLAHOMA	M	BIRTH	VITAL RECORDS BIRTHING CENTER		Not submitted	Details

Logout

When you are finished using ROVER, click the LOGOUT in the upper right.



Stillbirth

ROVER is *not* currently able to be used to enter **stillbirths**. You will need to manually complete the paper forms for these and turn them into the state.

A stillbirth is defined as a death prior to the complete expulsion or extraction from its mother of a product of human conception after a period of gestation as prescribed by the State Board of Health. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.

We require stillbirths to be reported to the state if gestation is *12 weeks or more.*

On the other end, a live birth is defined as the complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.