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Registering Oklahoma Vital Event Records

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REGISTERING OKLAHOMA VITAL EVENT RECORDS

Funeral Home Guide Table of Contents

Starting a Case.....	2
TAB 1 (Decedent).....	3
Saving the Case.....	5
TAB 2 (Decedent Info).....	7
TAB 3 (Decedent Info).....	8
TAB 4 (Informant/Disposition).....	9
Method of Disposition.....	9-11
TAB 5 (Funeral Home/Director).....	14
Assigning a Medical Certifier.....	16
Requesting Cremation Permit in ROVER.....	17
Print Steps.....	19
Locate Record in ROVER.....	21
Signing the Record.....	22

The CDC states that, “funeral directors are responsible for getting the death certificate completed”.

Starting a New Case

Once you have successfully entered ROVER, the main screen should appear. Click one time on “**Death**”.

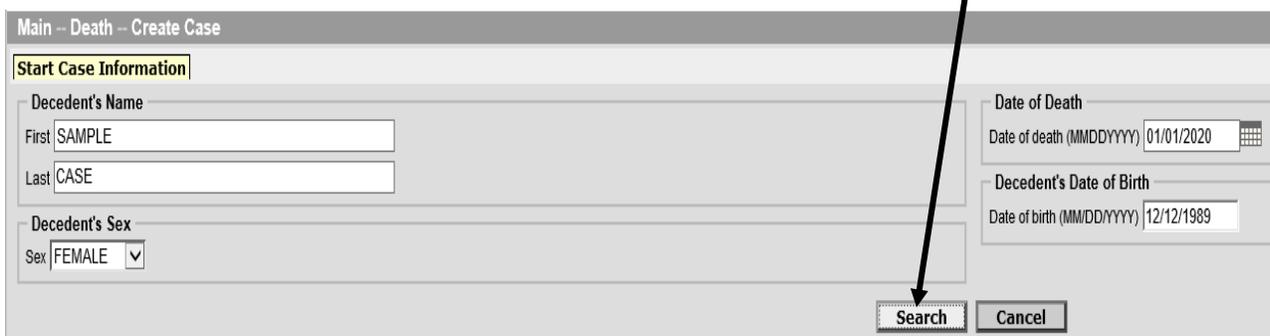


Then click on “**Create Case**”.

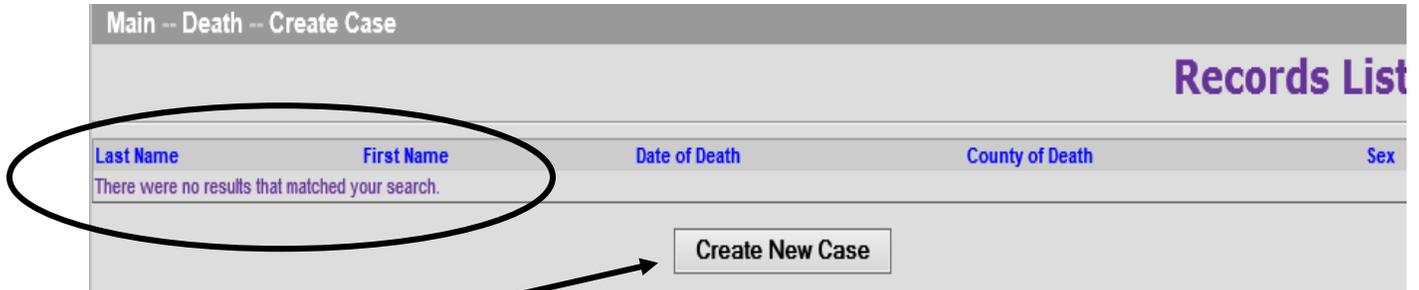


Next, enter the Decedent’s First Name, Last Name, Sex, Date of Death, and Date of Birth.

Use the Tab Key on your keyboard to move between each field. After you’ve completed each field, click one time on the “**Search**” button at the bottom of the page.



If you see the message: “**There were no results that matched your search**”, this means ROVER found no duplicate cases in the system and you can proceed to creating this record.



Select “**Create New Case**” to continue.

TABS 1-5 are completed by the Funeral Home and contain the Personal Information of the Decedent.

TABS 6-9 are completed by the Physician or Medical Examiner and contain Medical information.

The information you previously entered has already populated into the fields on the screen.

- Enter the Decedent's Middle Name (if applicable). Continue to use the TAB Key to move through each field as you enter information.
- If the Decedent's last name has a suffix (Jr., Sr., III, etc...), DO NOT type this in the last name field. Instead, use the drop down menu in the Suffix field to select the appropriate ending. This will make searching for the case easier in the future.
- Indicate their last name before first marriage or **check the box** if the last name before marriage is the same as their current last name.
- Enter the Social Security Number. Enter 9's if this information is Unknown.
- Select Yes or No from the drop down menu to indicate whether the Decedent was ever in the US Armed Forces?
- Select the measure of age (Years, Months/Days, or Hours/Minutes), then the next field(s) will open for you to type an appropriate amount.

Click on "**Next**" to proceed.



You will need to save the case before proceeding. Click "**Finish**" at the bottom of the page.



The system will then take you to the ROVER Warning screen.

ROVER Warning

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

For now, ignore all the error messages and click **“Save (as Pending)”** at the bottom of the page.

The screenshot shows a web form with several error messages in red text. The errors are: 'Decedent's Hispanic origin' (Field Group Description: Decedent's Hispanic origin must be selected. If other is check, please enter the specifics.), 'Birthplace City' (Field Group Description: City of birth is required. Enter UNKNOWN if not known.), 'Decedent's race' (Field Group Description: At least one Race is to be selected for Decedent. If any Other checkbox is checked, enter the specifics), 'Informant Address' (Field Group Description: Informant Address is required (Country, City and Address are required, State is required for address in USA or Canada)), and 'Decedent's Education' (Field Group Description: Decedent's Education is required). At the bottom right of the form is a button labeled 'Save (as Pending)'. A black arrow points from the text above to this button.

Now that the case has been saved, click on **“Return to Record”** to re-enter the TABS.

The screenshot shows a confirmation screen with the following sections: 'Successful Transaction' (Your transaction has been saved successfully.), 'Print Confirmation' (Your actions have triggered the following documents to be printed. Please select all documents you wish to print. Below this is a 'Print Draft' radio button and a 'Print' button.), and 'Other Options' (Following options are available: Below this is a 'Return to Record' button). At the bottom of the screen are two buttons: 'Main Menu' on the left and 'Repeat Task' on the right. A black arrow points from the text above to the 'Return to Record' button.

Saving the case at this point will allow the system to perform two very important actions:

1. **Social Security Number Verification is initiated upon the first save of the record.**
2. **Any information entered thus far will be saved into the ROVER system.**
Click on **TAB 2 Decedent Info** to continue entering Personal Information into the case.

Personal Information Section- TAB 2 Decedent Information

United States is the default country that will appear in the first field of the Birthplace section. Change this selecting from the drop down menu, if applicable. Continue completing birthplace, residence, marital status, spouse and parent information of the Decedent. Remember to use the Tab Key on your keyboard to move through each field.

NOTE:

- There is an option to indicate “Unknown” in the name fields for the Decedent’s Spouse and Parents. However, having too many records containing unknown fields will have negative consequences on our State. Please do your best to enter as much accurate information, as possible.

The screenshot shows a web-based form titled "Death - First: SAMPLE Last: CASE" with a tabbed interface. The active tab is "2 Decedent Info". The form is organized into several sections:

- 7. Birthplace:** Includes dropdown menus for Country (UNITED STATES), State/province, and City list, along with a text field for City.
- 8. Decedent's Residence:** Includes a text field for Address, a "Validate" button, and dropdown menus for Country (UNITED STATES), State/province (OKLAHOMA), County, and City list. It also has checkboxes for "Accept address without validation" and "Inside city limits?".
- 9. Marital Status:** Includes a dropdown menu for Marital status and a dropdown for Verification required.
- 10. Surviving Spouse's Name:** Includes checkboxes for "Unknown" and "Change parent label", and text fields for First, Middle, Last, and Last name before first marriage. A "Suffix" dropdown is also present.
- 11. Father's Name:** Includes checkboxes for "Unknown" and "Change parent label", a dropdown for "List of parent labels", and a dropdown for "Label for this parent" (FATHER). It has text fields for First, Middle, Last, and Last name before first marriage, and a "Suffix" dropdown.
- 12. Mother's Name:** Includes checkboxes for "Unknown" and "Change parent label", a dropdown for "Parent label list", and a dropdown for "Label for this parent" (MOTHER). It has text fields for First, Middle, Last, and Last name before first marriage, and a "Suffix" dropdown.

At the bottom of the form, there are four buttons: "Previous", "Next", "Finish", and "Cancel".

Click on “Next” to proceed to TAB 3 Decedent History.

Personal Information Section-TAB 3 Decedent History

- Use your mouse to select the **Decedent’s Hispanic Origin** and then the **Decedent’s Race**.

Note: More than one race can be selected.

- Select one of the choices in the drop down menu for the **Decedent's Education.**

The screenshot shows a web form titled "Death - First: SAMPLE Last: CASE" with several tabs: 1 Decedent, 2 Decedent Info, 3 Decedent History (selected), 4 Informant/Disposition, 5 Funeral Home/Director, 6 Place/Time/Autopsy, 7 Cause of Death, and 8 Manner/Details. Section 13, "Decedent's Hispanic Origin", has radio buttons for "No, not Spanish/Hispanic/Latino" (checked), "Yes, other Spanish/Hispanic/Latino", "Yes, Mexican, Mexican American, Chicano", "Yes, Puerto Rican", "Yes, Cuban", "Unknown", "Not obtainable", and "Refused". Section 14, "Decedent's Race", has radio buttons for "White" (checked), "Black or African American", "American Indian or Alaska Native", "Asian", "Asian Indian", "Chinese", "Filipino", "Japanese", "Korean", "Vietnamese", "Other Asian", "Pacific Islander", "Native Hawaiian", "Guamanian or Chamorro", "Samoan", "Other Pacific Islander", "Other race", "Unknown", "Not obtainable", and "Refused". Section 15, "Decedent's Education", has a dropdown menu for "Education" set to "BACHELOR'S DEGREE" and a dropdown for "Verification required" set to "Select". Section 16-17, "Decedent's Occupation and Industry", has text input fields for "Usual occupation" (containing "HISTORY TEACHER") and "Kind of business/industry" (containing "EDUCATION"). A vertical arrow points from the "Decedent's Education" section down to the "Usual occupation" field. Two arrows point from the "Usual occupation" and "Kind of business/industry" fields to the bullet point below. At the bottom right are "Previous" and "Next" buttons.

- Type the **Decedent's Occupation** here, then type the **Kind of Business/Industry** in the next field.

For additional information regarding the occupation, please refer to https://www.cdc.gov/nchs/data/misc/hb_occup.pdf.

Click the “**Next**” button to move to **TAB 4- Informant Disposition.**

Personal Information Section-TAB 4 Informant/Disposition

Enter the **Informant's Name.**

If the informant's name has a **Suffix**, please use the drop down box to select the appropriate suffix after the last name. If there is no Suffix, skip the field.

Use the drop down menu to select the informant's **Relationship to Decedent**. If "Other" is selected, the next field will open for you to type the appropriate relationship.

The screenshot shows a web form for entering informant information. The title bar reads "Death -- First: SAMPLE Last: CASE". Below the title bar are navigation tabs: "1 Decedent", "2 Decedent Info", "3 Decedent History", "4 Informant/Disposition", and "5 Funeral Home". The "4 Informant/Disposition" tab is active. The form is titled "18. Informant" and contains the following fields:

- First name: SAMPLE
- Middle name: (empty)
- Last name: INFORMANT
- Suffix: Select (dropdown menu)
- Relationship to decedent: OTHER (dropdown menu)
- If other, specify relationship: FRIEND
- Address same as decedent's residence
- Address: 789 NW ROVER AVE
- Apartment number: APT 23 (circled)
- Country: UNITED STATES (dropdown menu)
- State/province: OKLAHOMA (dropdown menu)
- City list: OKLAHOMA CITY (dropdown menu)
- City or town: OKLAHOMA CITY
- Zip code: 73112

Enter the **Informant's Address**.

If there is an apartment, be sure to type the abbreviation "APT" before the unit digits. If a unit type is not specified in this field, the information will not appear clearly on the certificate.

Continue to Section 19. Method of Disposition to complete the information in TAB 4...

Personal Information Section-TAB 4 Informant/Disposition (Continued) If the Method of Disposition is Burial...

(Cremation next 2 pages)

Use your mouse to click the check box next to **Burial** in Section 19. **Method of Disposition**.

After making this selection, the fields in Section 20-21. **Place of Final Disposition (Cemetery or Other Place)** will open. Crematory fields remain disabled. United States is already populated into the first field, Country.

Enter the information into the remaining fields of the section, **State/ Province, Name of Cemetery, City and County.**

Death - First: SAMPLE Last: CASE

1 Decedent | 2 Decedent Info | 3 Decedent History | **4 Informant/Disposition** | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death | 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions

18. Informant

First name: SAMPLE
Middle name:
Last name: INFORMANT
Suffix: Select
Relationship to decedent: OTHER
If other, specify relationship: FRIEND
 Address same as decedent's residence
Address: 789 NW ROVER AVE
Apartment number: APT 23
Country: UNITED STATES
State/province: OKLAHOMA
City list: OKLAHOMA CITY
City or town: OKLAHOMA CITY
Zip code: 73112

19. Method of Disposition

Burial
 Donation
 Removal from state
 Other - specify:
 Cremation
 Entombment
 Other

20-21. Place of Final Disposition (Crematory)

Country: UNITED STATES
State/province: Select
Crematory list: Select
Name of crematory:
City list: Select
City or town:
Crematory fields are disabled.

20-21. Place of Final Disposition (Cemetery or Other Place)

Country: UNITED STATES
State/province: OKLAHOMA
Name of cemetery or other place: VITAL RECORDS CEMETERY
City list: NOBLE
County list (if not in city or town): Select
City, town or county: NOBLE

ME Permit Information

Applicant same as informant
Applicant name:
Address of applicant:
Relationship to deceased:
Witness name:
ME Permit fields are disabled.

New ME Permit Request

Check to initiate a new permit request

Previous Next Finish Cancel

Click the “Next” button to move to TAB 5 Funeral Home/Director.

If the Method of Disposition is Cremation...

Use your mouse to click the check box next to **Cremation** in Section **19, Method of Disposition**.

A box will appear reminding you that a permit must be approved before the record can be submitted, click OK to proceed.

The screenshot shows a web form titled "Death - First: SAMPLE Last: CASE" with a navigation bar containing tabs 1 through 10. The current tab is "4 Informant/Disposition".

Section 18. Informant: Fields include First name (SAMPLE), Middle name, Last name (INFORMANT), Suffix (Select), Relationship to decedent (OTHER), and If other, specify relationship (FRIEND). There is also a checkbox for "Address same as decedent's residence" and an address field (789 NW ROVER AVE).

Section 19. Method of Disposition: Radio buttons are present for Burial, Donation, Removal from state, and Other. The **Cremation** checkbox is checked.

Section 20-21. Place of Final Disposition (Crematory): This section is circled in black. It includes fields for Country (UNITED STATES), State/province (Select), Crematory list (Select), Name of crematory, City list (Select), and City or town.

Section 20-21. Place of Final Disposition (Cemetery or Other Place): This section is disabled. Fields for Country, State/province, Name of cemetery or other place, City list, County list, and City, town or county are present but have a greyed-out appearance.

ME Permit Information: This section is circled in black. It includes a checkbox for "Applicant same as informant", and text input fields for Applicant name, Address of applicant, Relationship to deceased, and Witness name.

New ME Permit Request: A checkbox labeled "Check to initiate a new permit request" is present.

A modal dialog box titled "Message from webpage" is overlaid on the form. It contains a question mark icon and the text: "Cremation must be approved before the record can be submitted. Click OK to continue to the next field, click CANCEL if you would like to correct your entry." The dialog has "OK" and "Cancel" buttons.

At the bottom of the form are buttons for "Previous", "Next", "Finish", and "Cancel".

The fields in Section **20-21; Place of Final Disposition (Crematory)** and **ME Permit Information** are now enabled. Fields in the Cemetery or Other Place section are now disabled.

Instructions for completing the fields in Section **20-21; Place of Final Disposition (Crematory)** and **ME Permit Information** are on the next page.

Method of Disposition is Cremation...

Complete the fields in Section **20-21; Place of Disposition (Crematory)**, Country, State/Province, and Crematory List. Once you have made a selection from the drop down menu in the Crematory List field, the information will populate into the fields for Name of Crematory, City list, and City or Town.

Complete the ME Permit Information section. If the applicant is the same as the informant, select the appropriate check box. The Informant's information will populate into the remaining fields of the section.

Enter the name of the **Witness name** for the Cremation permit here.

DO NOT check the box for the New ME Permit Request.

The screenshot shows a web form titled "Death - First: SAMPLE Last: CASE". The form is divided into several sections:

- 18. Informant:** Fields for First name (SAMPLE), Middle name, Last name (INFORMANT), Suffix (Select), Relationship to decedent (OTHER), and If other, specify relationship (FRIEND). There is also a checkbox for "Address same as decedent's residence" and an address field (789 NW ROVER AVE, APT 23, OKLAHOMA CITY, OKLAHOMA, 73112).
- 19. Method of Disposition:** Radio buttons for Burial, Donation, Removal from state, and Other. Checkboxes for Cremation (checked), Entombment, and Other.
- 20-21. Place of Final Disposition (Crematory):** This section is highlighted with a black oval. It includes dropdown menus for Country (UNITED STATES), State/province (OKLAHOMA), and Crematory list (OKLAHOMA CREMATION SERVICE - OKLAHOMA CITY). Below these are fields for Name of crematory (OKLAHOMA CREMATION SERVICE), City list (Select), and City or town (OKLAHOMA CITY).
- 20-21. Place of Final Disposition (Cemetery or Other Place):** This section is partially visible and also highlighted with a black oval. It includes dropdown menus for Country, State/province, and Name of cemetery or other place, along with fields for City list, County list, and City, town or county.
- ME Permit Information:** This section is also highlighted with a black oval. It includes a checked checkbox for "Applicant same as informant", and fields for Applicant name (SAMPLE INFORMANT), Address of applicant (789 NW ROVER AVE APT 23, OKLAHOMA CITY, OKL), Relationship to deceased (FRIEND), and Witness name (SAMPLE INFORMANT).
- New ME Permit Request:** A checkbox for "Check to initiate a new permit request" which is unchecked.

At the bottom of the form are buttons for "Previous", "Next", "Finish", and "Cancel".

Click the **“Next”** button to move to TAB 5 Funeral Home/Director.

The Funeral Home information has already populated into **Section 22/24, Funeral Home/License No.**

Select the appropriate **Funeral Director** from the drop down menu in **Section 23, Funeral Director**. The Funeral Director's license information will populate in the next fields.

Please check auto-populated information for accuracy. If there are any corrections needed, send an email to us at **AskROVER@health.ok.gov**

The screenshot shows a software interface with a purple header bar containing the text "Death -- First: SAMPLE Last: CASE". Below the header is a navigation bar with tabs numbered 1 through 10. Tab 5, "Funeral Home/Director", is selected. The main content area is divided into two sections: "22./24. Funeral Home/License No." and "23. Funeral Director".

Section 22./24. Funeral Home/License No. includes the following fields:

- Oklahoma funeral homes: VITAL RECORDS FUNERAL HOME - OKLAHOMA CITY
- Trade service call:
- Trade service provider list: Select
- Name: VITAL RECORDS FUNERAL HOME
- Address: 1000 NE 10TH STREET
- Country: UNITED STATES
- State/province: OKLAHOMA
- City or town: OKLAHOMA CITY
- Zip code: 73117
- Funeral home license number: 95195ES
- Preferred method of contact: E-MAIL

Section 23. Funeral Director includes the following fields:

- Oklahoma funeral directors: FUNERAL , FRANNIE , 9999FD
- List by license number: Select
- License number: 9999FD
- First name: FRANNIE
- Middle name:
- Last name: FUNERAL
- Suffix: Select
- Signature name of funeral director:

Below section 23 is the "Embalmer" section:

- Same as funeral director
- Embalmers: WASHINGTON , JENNIE ,
- License Number:
- First Name:
- Middle Name:
- Last Name:
- Suffix: Select

At the bottom of the form are four buttons: Previous, Next, Finish, and Cancel.

Embalmer information will not appear on the Death Certificate. However, a selection can be made in ROVER to indicate the Embalmer on each case.

If the Embalmer is the same as the Funeral Director, select the check box indicating, **“Same as funeral director”**. The Embalmer's License and Name will populate in the subsequent fields.

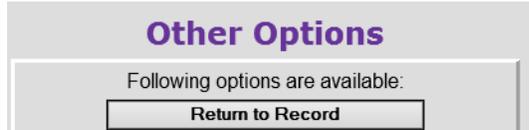
Select from the drop down menu, if the Embalmer is not the same person as the Funeral Director for the case.

If Embalmer information does not appear in the drop down menu, simply type the information into the fields.

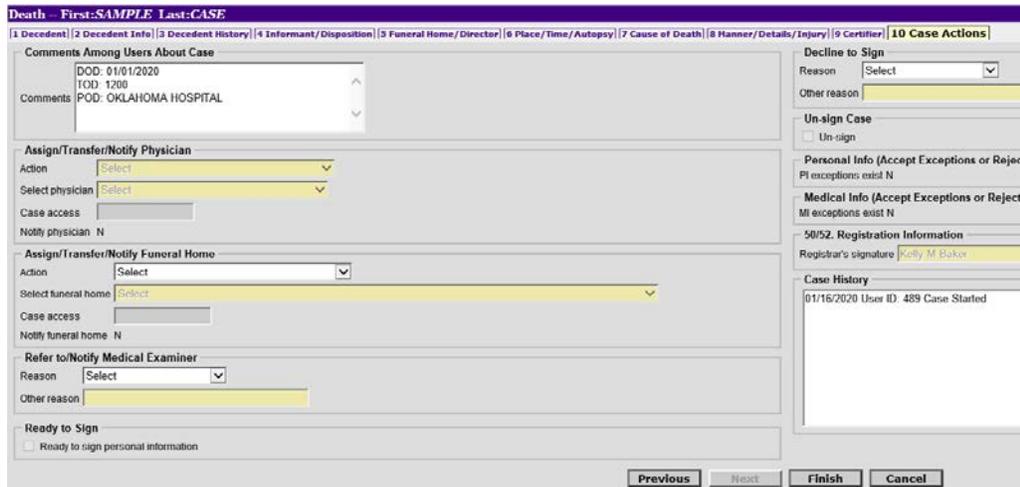
You **DO NOT** enter any information in **TABS 6-9**, this is the **Medical Information Section**.

Select **Finish**.

Ignore the warning page for now, and then click **Save (As Pending)** to save the information you have entered. Click on **Return to Record** to proceed with completing the Personal Information and Requesting Medical Certification.



The choices in TAB 10: **Case Actions** are critical. Selections made in TAB will provide direction for how the record will be transmitted electronically between appropriate parties.



In the “**Comments Among Users About Case**” section, you will enter helpful comments to relay information to Medical Certifiers and State users about the case. Enter information such as **DOD:** (Date of Death); **TOD:** (Time of Death); **POD** (Place of Death) and any other pertinent information. Physicians will open the record and go straight to tab 10 to get the information you obtained from the Decedent’s informant/family. When you have finished entering the comments, TAB out to the next field.

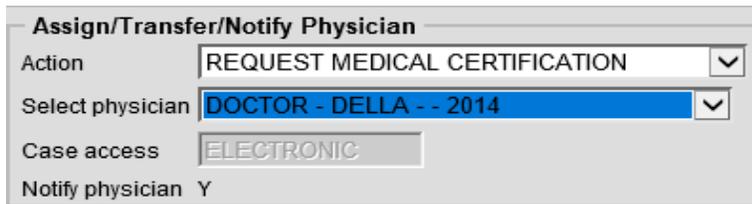
The screenshot shows a software interface with a purple header bar containing the text "Death – First: *SAMPLE* Last: *CASE*". Below the header is a navigation bar with four tabs: "1 Decedent", "2 Decedent Info", "3 Decedent History", and "4 Informant/Disposition". The "4 Informant/Disposition" tab is currently selected. Below the navigation bar is a section titled "Comments Among Users About Case". This section contains a text area with the following text: "DOD: 01/01/2020", "TOD: 1200", and "POD: OKLAHOMA HOSPITAL". To the left of the text area is a label "Comments". To the right of the text area are up and down arrow icons for scrolling.

To assign a Physician to complete the Medical Information Section:

Within the **Assign/Transfer/Notify Physicians** box, select **Request Medical Certification**.

Select the appropriate physician from the drop-down menu.

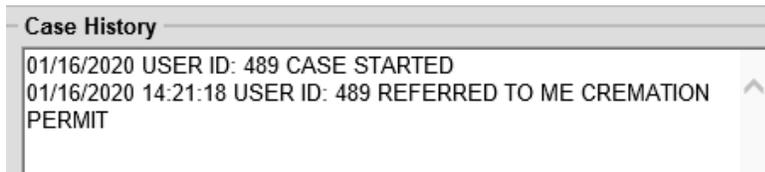
Then press the TAB key on your board to hold/save that selection.



The screenshot shows a form titled "Assign/Transfer/Notify Physician". It contains the following fields:

- Action:** A dropdown menu with "REQUEST MEDICAL CERTIFICATION" selected.
- Select physician:** A dropdown menu with "DOCTOR - DELLA - - 2014" selected.
- Case access:** A text box containing "ELECTRONIC".
- Notify physician:** A text box containing "Y".

You will see your selection appear in the Case History in the right column of TAB 10.



The screenshot shows a window titled "Case History" with a scrollable list of events:

- 01/16/2020 USER ID: 489 CASE STARTED
- 01/16/2020 14:21:18 USER ID: 489 REFERRED TO ME CREMATION PERMIT

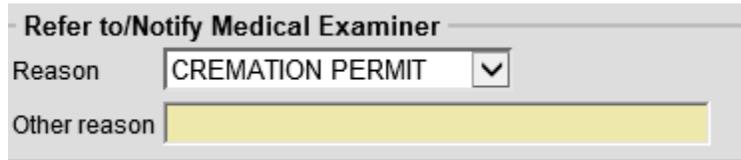
Select **Finish**.

Then **Save (As Pending)**

The record has been sent to the selected Physician to complete the Medical Information Section.

To Request a Cremation Permit from the Medical Examiner:

Within the **Refer to/Notify Medical Examiner** box, select **Cremation Permit** as the Reason from the drop-down menu.

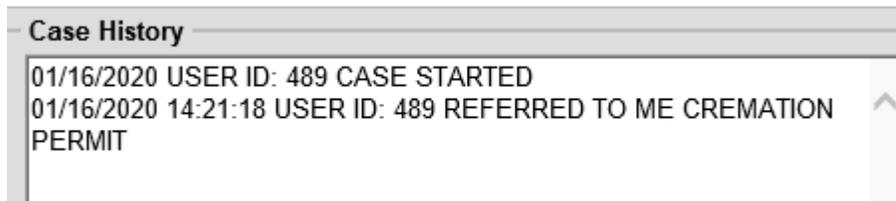


- Refer to/Notify Medical Examiner

Reason

Other reason

Press the TAB key on your keyboard, the selection will be saved and the action will appear in the **Case History** box.



- Case History

01/16/2020 USER ID: 489 CASE STARTED

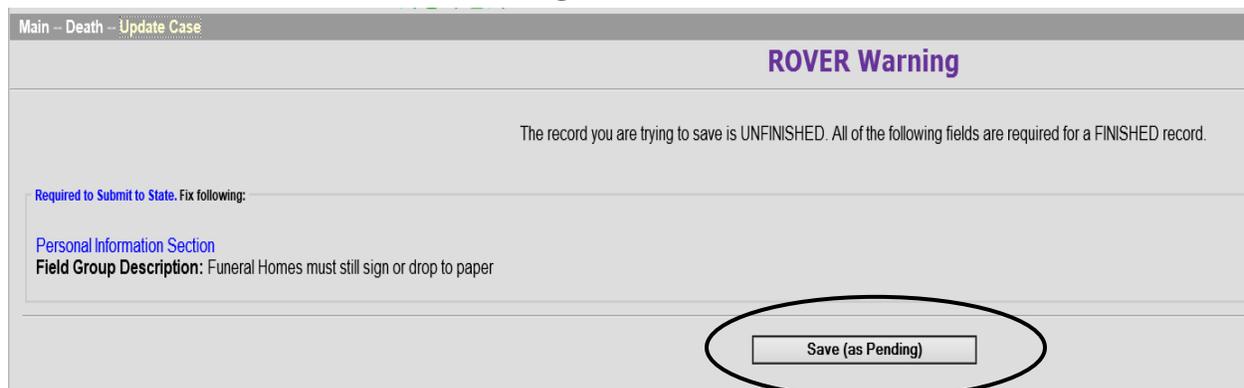
01/16/2020 14:21:18 USER ID: 489 REFERRED TO ME CREMATION PERMIT

Select **Finish** to continue with the ROVER Cremation Permit process.

ROVER Warning Screen

ROVER is designed to prevent certification until all information has been entered. If the Personal Information Section is complete, you will only see this item. This message is indicating the record is needing an electronic signature.

You will click on **“Save (As Pending)”** at the bottom of the screen to continue.



Main - Death - Update Case

ROVER Warning

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

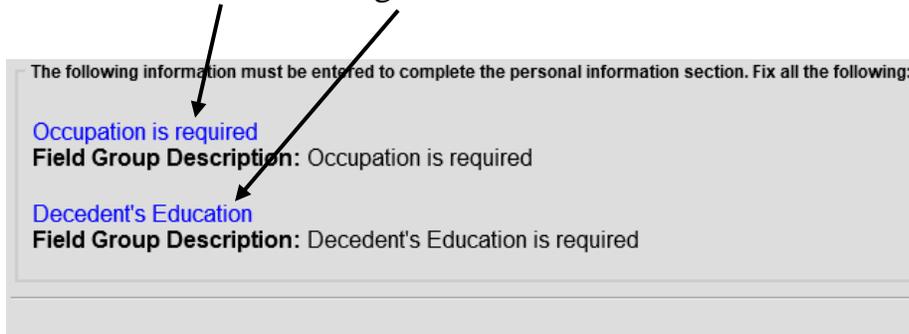
Required to Submit to State. Fix following:

Personal Information Section
Field Group Description: Funeral Homes must still sign or drop to paper

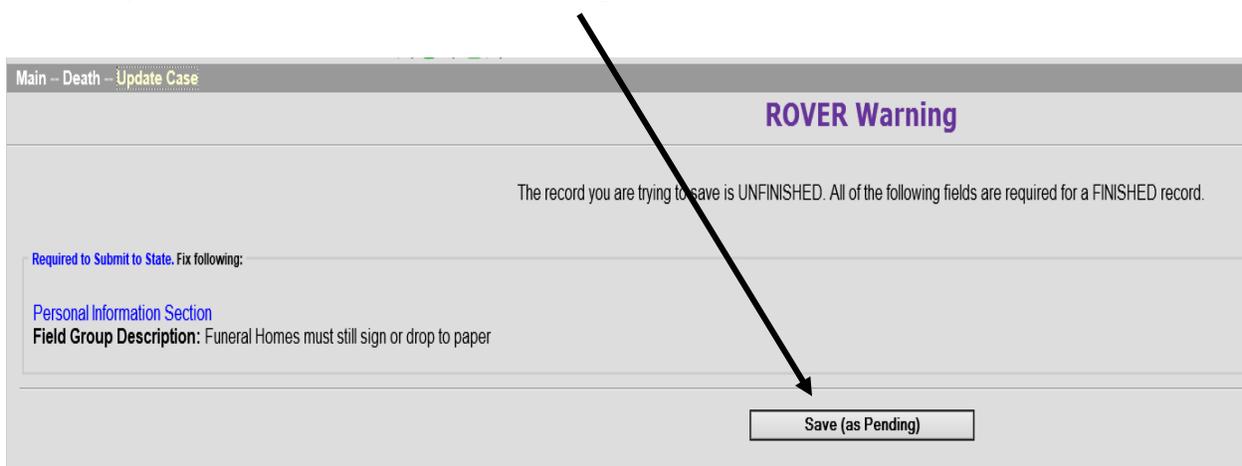
Save (as Pending)

If the **Personal Information Section** is incomplete, you will see messages similar to the example below.

Clicking on the hyperlink heading of each warning message will take you directly to the TAB of the missing information.



When all Personal Information is entered and the only message you see is this, you are ready to click on **“Save (As Pending)”** to continue.



Print Steps

The next screen will present options to print a draft and the permit application.

Select **Print**.

Print Confirmation

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

Print Draft:

Print

Then, select **Generate Document**.

Report - Confirm

Print Draft

Generate Document

A draft of the Death Certificate will then appear.

Report - Confirm

Print Draft

Generate Document

Continue

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


**STATE OF OKLAHOMA
CERTIFICATE OF DEATH**
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) SAMPLE CASE				1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX FEMALE					
3. SOCIAL SECURITY NUMBER 445-56-6789		4. EVER IN US ARMED FORCES? NO		5a. AGE- Last birthday (years) 30		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo/Day/Yr) DECEMBER 12, 1969	
7. BIRTHPLACE (City and State or Foreign Country) OKLAHOMA CITY, OKLAHOMA			8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County OKLAHOMA		8c. RESIDENCE-City or Town OKLAHOMA CITY				
8d. RESIDENCE-Zip Code 73112		8e. RESIDENCE-inside City Limits? YES		8f. RESIDENCE-Street and Number 123 N VITAL AVE				8g. RESIDENCE-Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11a. FATHER'S NAME (First, Middle, Last) FATHER SAMPLE CASE			11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE CASE			11c. MOTHER'S NAME (First, Middle, Last) MOTHER SAMPLE CASE			11d. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE ROVER		
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE WHITE			15. DECEDENT'S EDUCATION BACHELOR'S DEGREE (E.G. BA, AB, BS)					
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) HISTORY TEACHER						17. KIND OF BUSINESS/INDUSTRY EDUCATION					
18a. INFORMANT'S NAME SAMPLE INFORMANT			18b. RELATIONSHIP TO DECEDENT FRIEND			18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 789 NW ROVER AVE APT 23, OKLAHOMA CITY, OKLAHOMA 73112					
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) VITAL RECORDS CEMETERY						21. LOCATION - City, Town and State NOBLE, OKLAHOMA		
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: VITAL RECORDS FUNERAL HOME, 1000 NE 10TH STREET, OKLAHOMA CITY, OKLAHOMA 73117						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH			24. FH ESTABLISHMENT LICENSE # 95195ES		
25. PLACE OF DEATH (Check only one: see instructions)											
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify)					
26. FACILITY NAME (If not institution, give street & number)						27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH			28. COUNTY OF DEATH		

Once you are finished, select **Continue**.

You can now **“Return to Record”** if you need to finish the record, or if you are finished working on this record, click **“Main Menu”**.

The screenshot displays a software interface with a light gray background. It is divided into several sections:

- Successful Transaction:** A purple heading followed by the text "Your transaction has been saved successfully."
- Print Confirmation:** A purple heading followed by the text "Your actions have triggered the following documents to be printed. Please select all documents you wish to print." Below this is a form with a "Print Draft:" label and a radio button, and a "Print" button.
- Other Options:** A purple heading followed by the text "Following options are available:" and a "Return to Record" button.
- Main Menu:** A button located at the bottom left of the interface.

To locate a Record in ROVER:

Records Management:

From the Main page, Select **Death**, then **Update Case**. Enter the Decedent's Name in the search criteria fields. Then select **Search**.

Main -- Death -- Update Case

Search Criteria

Record Identifiers

Year filed

State file number

Out-of-state certificate number

Assigned case number

ME case number

Decedent's Name

First

Last

A **Records List** will appear. Click on **Details** next to the desired case.

Reg Status	Internal Case #	Rev	Details
Not submit...		0	Details
Registered	2016040000077	0	Details
Dropped to...		0	Details
Registered	2016040000088	0	Details
Not submit...		0	Details
Registered	2017040000074	0	Details

The details and history of the record will then be displayed. To enter the Record, Select **Continue** at the very bottom of the page.

To obtain the status of a Record in ROVER:

From the Main page, Select **Death**, then **Search**.

Enter the Decedent's Name in the search Criteria fields. Then, select Search.



Main -- Death -- Search

Search Criteria

Record Identifiers

Year filed

State file number

Out-of-state certificate number

Assigned case number

ME case number

Decedent's Name

First

Last

When the Records List appears, look for the “PI Status”, “MI Status” and “Reg Status” columns.

of 3 records)

PI Status	MI Status	Reg Status	Internal Case #	Rev	Details
Case pending	Case Pending	Not submit...		0	Details
Signed	New	Dropped to...		0	Details
Case pending	Certified	Not submit...		0	Details

These columns will reveal the stage of the Death Registration process for each record.

Signing/Certifying the Record

Once you have confirmed the Medical Information has been certified and the family has reviewed the information, you are ready to sign the record.

Locate the record on the **Main** page when you log in or through the **Update Case** tool. Once you have entered the record, select **Finish**. Then select **Save (As Pending)**.

Select, **Sign Now**.



The Certify/Sign Now-Confirm screen will come up. Click on “**Activate Signing**”.



Enter the 4 digit pin you created when you set up your account.



The record is now successfully certified.



You will see the above message indicating the Personal Information Section is now signed. Then click **Continue**.

If you would like to print a copy which included information for each certifier, select **“Print”** then **“Generate Document”** to create a PDF which will display in a new window.



Once all of the Personal Information has been entered and reviewed by the family, the Funeral Director can sign and generate a paper document to provide to the physician.

A PDF will then appear for you to print and keep for your records.

Print Draft

Generate Document

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



STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	SAMPLE CASE					1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX
3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED FORCES?	5a. AGE - Last birthday (years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH (Mo/Day/Yr)			
445-56-6789	NO	30	Months	Days	Hours	Minutes	DECEMBER 12, 1989	
7. BIRTHPLACE (City and State or Foreign Country)		8a. RESIDENCE-State		8b. RESIDENCE-County		8c. RESIDENCE-City or Town		
OKLAHOMA CITY, OKLAHOMA		OKLAHOMA		OKLAHOMA		OKLAHOMA CITY		
8d. RESIDENCE-Zip Code		8e. RESIDENCE-Inside City Limit?		8f. RESIDENCE-Street and Number			8g. RESIDENCE-Apt. Number	
73112		YES		123 N VITAL AVE				
9. MARITAL STATUS AT TIME OF DEATH								
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown								
11a. FATHER'S NAME (First, Middle, Last)					11b. MOTHER'S NAME (First, Middle, Last)		11c. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE	
FATHER SAMPLE CASE					MOTHER SAMPLE CASE		ROVER	
13. DECEDENT OF HISPANIC ORIGIN?			14. DECEDENT'S RACE			15. DECEDENT'S EDUCATION		
NO, NOT SPANISH/HISPANIC/LATINO			WHITE			BACHELOR'S DEGREE (E.G. BA, AB, BS)		
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)					17. KIND OF BUSINESS / INDUSTRY			
HISTORY TEACHER					EDUCATION			
18. INFORMANT'S NAME								
SAMPLE INFORMANT			18b. RELATIONSHIP TO DECEDENT		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
			FRIEND		789 NW ROVER AVE APT 23, OKLAHOMA CITY, OKLAHOMA 73112			
19. METHOD OF DISPOSITION:								
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)								
20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					21. LOCATION - City, Town and State			
VITAL RECORDS CEMETERY					NOBLE, OKLAHOMA			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH		
VITAL RECORDS FUNERAL HOME 1000 NE 10TH STREET, OKLAHOMA CITY, OKLAHOMA 73117						FRANNIE FUNERAL		
						24. FH ESTABLISHMENT LICENSE #		
						9519SES		
25. PLACE OF DEATH (Check only one; see instructions)								
<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Died on Arrival			<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):					
25. FACILITY NAME (If not institution, give street & number)			27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH				28. COUNTY OF DEATH	
29. DATE OF DEATH (Mo/Day/Yr)		30. TIME OF DEATH		31. WAS MEDICAL EXAMINER CONTACTED?		32. WAS AN AUTOPSY PERFORMED?		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
JANUARY 1, 2020								
CAUSE OF DEATH (See Instructions and examples)								
34. PART I. Enter the chain of specific diseases, injuries or combinations - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						Approximate Interval: Onset to death		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
IMMEDIATE CAUSE (Final disease or condition resulting in death)								
a. _____								
Due to (or as a consequence of):								
b. _____								
Due to (or as a consequence of):								
c. _____								
Due to (or as a consequence of):								
d. _____								
Due to (or as a consequence of):								
36. MANNER OF DEATH			37. IF FEMALE:			38. DID TOBACCO USE CONTRIBUTE TO DEATH?		
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)		42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK?
44. LOCATION OF INJURY: State				City or Town		Zip Code		45. IF TRANSPORTATION INJURY, SPECIFY:
								<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)
46. CERTIFIER (Check only one)				47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)				
<input type="checkbox"/> ATTENDING PHYSICIAN <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.								
<input type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.								
Certifier: DELLA DOCTOR, MD				48. LICENSE NUMBER		49. DATE DEATH CERTIFIED (Mo/Day/Yr)		
				2014				
50. REGISTRAR'S SIGNATURE						51. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)		