

# Funeral Director Data Sheet - Quiz

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1. It is permissible to use abbreviations, nicknames, or AKA's for the decedent's name if the decedent went by the abbreviation or nickname during their life.  
 True  
 False
2. If the Social Security Number does not verify on the first try, you should keep entering different names until the Social Security Number matches and verifies.  
 True  
 False
3. You can enter a P.O. Box for the decedent's address.  
 True  
 False
4. It is permissible to check more than one race to indicate what the decedent considered himself or herself to be.  
 True  
 False
5. For the decedent's occupation and industry, enter the type of occupation the decedent had and enter the name of the business where they worked.  
 True  
 False
6. Cremation and Removal from State dispositions MUST have a permit from the Medical Examiner BEFORE the cremation or removal can be performed.  
 True  
 False

7. On Tab 10 enter information regarding the Date of Death (DOD), Time of Death (TOD), and Place of Death (POD) in the Comments Among Users box. The information entered in the Comments box will be helpful to the electronic Doctor completing the record, the Medical Examiner, and the State Department of Health.

- True
- False

8. On Tab 10, when deciding how the medical portion is to be completed, first select "Request Medical Certification" and look for the Doctor to be in the electronic listing. If the Doctor is NOT on the list, go back and select "Certifier Not Listed – Drop to Paper" so you can send the certificate to the non-electronic Doctor.

- True
- False

9. If the medical portion of the case is being completed by the Medical Examiner you DO NOT drop the record to paper. The Medical Examiner will complete and certify the record electronically.

- True
- False

10. When signing the completed certificate, any registered user at the facility can electronically sign the record.

- True
- False

# Funeral Director Data Sheet – Personal Info

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Enter your full name AS IT APPEARS ON YOUR FUNERAL DIRECTOR LICENSE

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

FD License Number \_\_\_\_\_

Email Address \_\_\_\_\_

Funeral Home Name \_\_\_\_\_

Funeral Home Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Funeral Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

If employed at multiple facilities, please list all locations:

FACILITY NAME

CITY

_____	_____
_____	_____
_____	_____
_____	_____

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