

Funeral Director Data Sheet - Quiz

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. What is the best way to navigate through the ROVER screens?

- Use the mouse to click around and fill in answers
- Toggle between TABS and open areas within them
- Use the tab button on the keyboard instead of the mouse as much as possible, filling in each item when you get to it

9. When the medical portion of the case is being completed by the Medical Examiner, 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

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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