



Oklahoma State Department of Health - Vital Records

Funeral Home User Guide

Effective Date: March 1, 2024

Table of Contents

Part 1. LOGIN STEPS	3
Part 2. STARTING A NEW CASE.....	5
Part 3. DECEDENT TAB	7
Part 4. RESIDENT ADDRESS	10
Part 5. FAMILY MEMBERS	12
Part 6. DECEDENT ATTRIBUTES	14
Part 7. INFORMANT	16
Part 8. DISPOSITION	18
Part 9. CREMATION	21
Part 10. REQUESTING MEDICAL CERTIFICATION	23
Part 11. REFERRING TO MEDICAL EXAMINER	25
Part 12. SIGNING THE RECORD.....	27

Part 1. LOGIN STEPS

- A username and temporary password have been sent to your email address. When you click on the link provided in the email, the login screen pictured below should appear. Enter your username and temporary password and click “Login.”



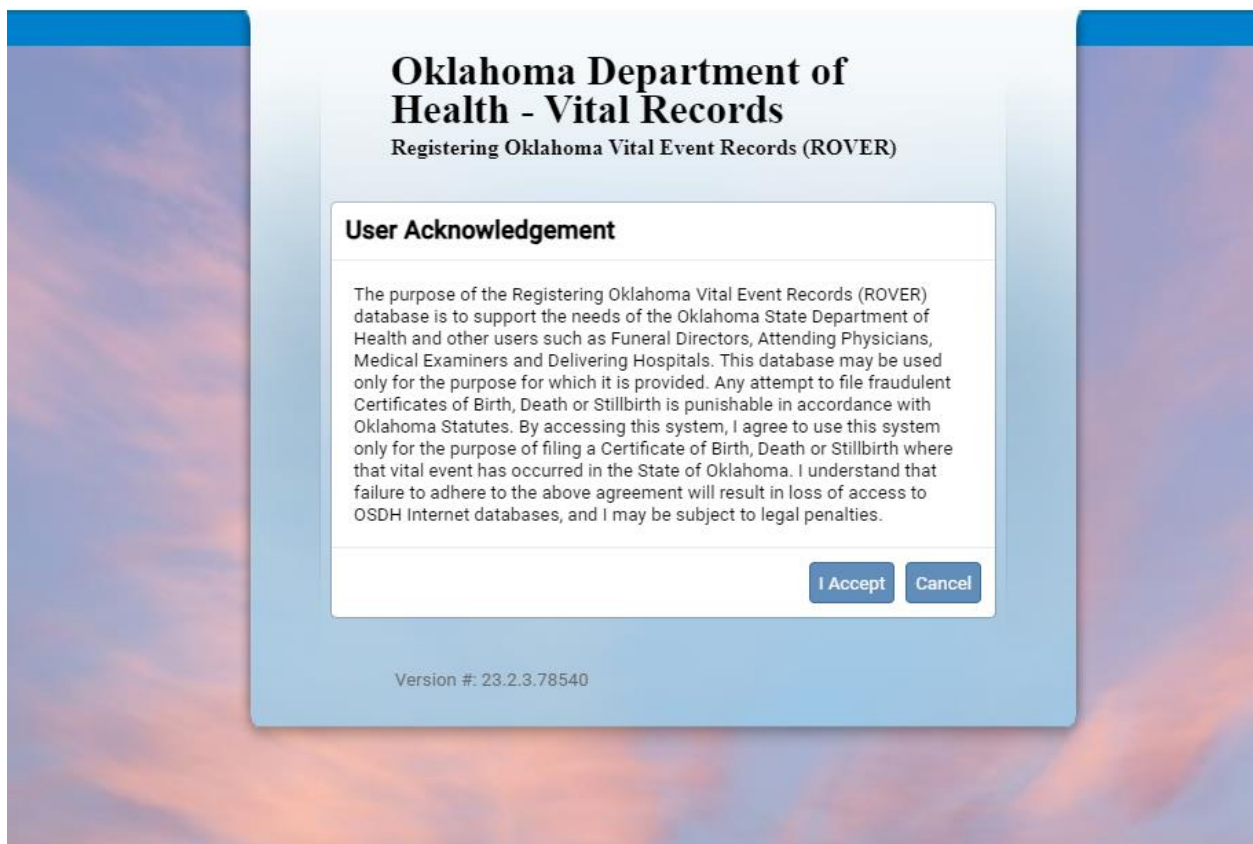
Oklahoma Department of Health - Vital Records
Registering Oklahoma Vital Event Records (ROVER)

Username: Password:

Version #: 23.2.3.78540 [Login](#)

[Forgot your password?](#) [New User Enrollment](#)

- You will then see the User Acknowledgement screen. Please read this section carefully and click “I Accept” to proceed.



Oklahoma Department of Health - Vital Records
Registering Oklahoma Vital Event Records (ROVER)

User Acknowledgement

The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes. By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma. I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

[I Accept](#) [Cancel](#)

Version #: 23.2.3.78540

- You should now see the Main page of ROVER. You’re logged in!

Part 2. STARTING A NEW CASE

- From the Main page, click on “Death Start/Edit New Case.”

- Fill in the decedent’s information on the following page and click “Search.” Throughout ROVER, fields outlined in red are required.

- If there are no cases that match the criteria you entered, you can go ahead and click the “Start New Case” button. If there is a possible duplicate record found in the system, ROVER will show you when you click “Search.” You will have the option to preview the record, or you can proceed with creating the case.

Part 3. DECEDENT TAB

- After your new case has been created, you will be taken to the Decedent tab. Here, you will fill out the name, NNS, Age, and birthplace of the decedent. At any time throughout the record, you can click the “Validate Page” button at the bottom, and ROVER will highlight any fields that are incomplete, and a list of the errors will appear at the bottom of the page.

4702 :JOHN DOE JAN-01-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required

Decedent

Will medical institution be responsible for final disposition? NO

Decedent's Legal Name

Prefix
First
Middle
Other Middle
Last
Suffix

Last Name Prior to First Marriage

Same as current legal last name

Last

Aliases

Add/Edit Alias Names

Sex

MALE

Social Security Number

None Unknown

Date of Birth

JAN-01-2000

Age

Under 1 Year

Under 1 Day

Years

Months

Days

Hours

Minutes

Verify SSN

SSN Verification Status

UNVERIFIED (0)

Decedent's Birth Place

City or Town

County

State

Country

UNITED STATES

Ever in US Armed Forces?

Served in Combat?

Decedent Driver's License Number

Decedent Driver's License Issuing State

Validate Page

Next

Clear

Save

Return

<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>		
Validation Results		<input type="button" value="List All Errors"/> <input type="button" value="Save Overrides"/> <input type="button" value="Hide"/>
Error Message	Override	Goto Field Popup
DR_0059: DECEDENT SSN CANNOT BE LEFT BLANK. ENTER A VALID SSN FOR DECEDENT. IF DECEDENT DOES NOT HAVE AN SSN SELECT THE APPROPRIATE CHECKBOX.		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_0061: AGE CANNOT BE LEFT BLANK. ENTER AGE AT TIME OF DEATH IN YEARS, MONTHS, DAYS, HOURS, OR MINUTES. ALL ITEMS CANNOT BE BLANK.		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_0065: AGE AT DEATH IS INCONSISTENT WITH CALCULATED AGE. VERIFY ENTRIES FOR DATE OF DEATH, DATE OF BIRTH AND AGE IN YEARS.		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_0075: BIRTHPLACE CITY CANNOT BE LEFT BLANK. ENTER THE DECEDENT'S CITY OF BIRTH. IF UNKNOWN, ENTER "UNKNOWN".		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_0079: DECEDENT IN ARMED FORCES CANNOT BE LEFT BLANK. DECEDENT IN ARMED FORCES MUST BE "YES", "NO", OR "UNKNOWN".		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_0097: DECEDENT BIRTHPLACE STATE AND/OR COUNTRY IS INVALID. VERIFY ENTRIES FOR BIRTH PLACE STATE AND COUNTRY . IF COUNTRY IS "UNITED STATES", A STATE MUST BE ENTERED.		<input type="button" value="FIX"/> <input type="button" value="FIX"/>
DR_8464: LAST NAME PRIOR TO FIRST MARRIAGE LAST NAME CANNOT BE BLANK. PLEASE MAKE AN ENTRY FOR THE DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE		<input type="button" value="FIX"/> <input type="button" value="FIX"/>

- Once all required fields are completed, you can click on "Validate Page" once again to check. You should see no red highlighted fields, and the green check mark on the left of the page next to "Decedent" will appear.

Death Registration Menu		4702 :JOHN DOE JAN-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<input checked="" type="checkbox"/> Decedent <input type="checkbox"/> Resident Address <input type="checkbox"/> Family Members <input type="checkbox"/> Decedent Attributes <input type="checkbox"/> Informant <input type="checkbox"/> Disposition 	Will medical institution be responsible for final disposition? <input type="button" value="NO"/>		
Medical Certification	Decedent's Legal Name		
<input type="checkbox"/> Pronouncement <input type="checkbox"/> Place of Death <input type="checkbox"/> Cause of Death <input type="checkbox"/> Other Factors <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Certifier	Prefix <input type="text"/> First <input type="text" value="JOHN"/> Middle <input type="text"/> Other Middle <input type="text"/> Last <input type="text" value="DOE"/> Suffix <input type="text"/>		
Other Links	Last Name Prior to First Marriage		
Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case Disposition Approval Switch User	Same as current legal last name <input checked="" type="checkbox"/> Last <input type="text" value="DOE"/>		
Aliases			
Add/Edit Alias Names			
Sex <input type="button" value="MALE"/>		Social Security Number <input type="text" value="999-99-9999"/> <input type="radio"/> None <input checked="" type="radio"/> Unknown	
Date of Birth <input type="text" value="JAN-01-2000"/>	Age <input type="text" value="24"/>	Under 1 Year <input type="text"/>	Under 1 Day <input type="text"/>
SSN Verification Status <input type="text" value="UNVERIFIED (0)"/>		Verify SSN <input type="text"/>	
Decedent's Birth Place			
City or Town <input type="text" value="OKLAHOMA CITY"/>	County <input type="text" value="OKLAHOMA"/>	State <input type="text" value="OKLAHOMA"/>	Country <input type="text" value="UNITED STATES"/>
Ever in US Armed Forces? <input type="button" value="NO"/>		Served in Combat? <input type="text"/>	
Decedent Driver's License Number <input type="text"/>		Decedent Driver's License Issuing State <input type="text"/>	
<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>			

- You can then click "Next" to proceed to the Resident Address page.

Part 4. RESIDENT ADDRESS

- This tab of the record is where the address information for the decedent is recorded. If the decedent had a 2nd legal residence, you may record that here as well. Again, once you have filled out the required fields, please click “Validate Page” to check. Once you see no errors as well as the green check mark, you can click “Next” to proceed to the Family Members tab.

Death Registration Menu		4702 : JOHN DOE JAN-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<div> <div>✓ Decedent</div> <div>✓ Resident Address</div> <div>✗ Family Members</div> <div>✗ Decedent Attributes</div> <div>✗ Informant</div> <div>✗ Disposition</div> </div>		Resident Address	
Medical Certification		Address	
<div> <div>✗ Pronouncement</div> <div>✗ Place of Death</div> <div>✗ Cause of Death</div> <div>✗ Other Factors</div> <div>✓ Injury</div> <div>✗ Certifier</div> </div>		<div> <div>Street Number</div> <div>123</div> <div>Pre Directional</div> <div>▼</div> <div>Street Name, Rural Route, etc.</div> <div>STREET NAME</div> <div>Street Designator</div> <div>ROAD</div> <div>Post Directional</div> <div>▼</div> <div>Apt #, Suite #, etc.</div> <div></div> </div>	
		<div> <div>Zip Code</div> <div>73102</div> <div>City or Town</div> <div>OKLAHOMA CITY</div> <div>County</div> <div>OKLAHOMA</div> <div>State</div> <div>OKLAHOMA</div> <div>Country</div> <div>UNITED STATES</div> </div>	
		<div> <div>Inside City Limits</div> <div>YES</div> </div>	
		<div> <div>Homeless?</div> <div><input type="checkbox"/></div> </div>	
		<div> <div>Copy from Residence Address</div> <div><input type="checkbox"/></div> </div>	
Other Links		2nd Legal Residence	
<div> <div>Comments</div> <div>Print Forms</div> <div>Refer to Medical Examiner</div> <div>Relinquish Case</div> <div>Request Medical Certification</div> <div>Transfer Case</div> <div>Disposition Approval</div> <div>Switch User</div> </div>		<div> <div>Street Number</div> <div></div> <div>Pre Directional</div> <div>▼</div> <div>Street Name</div> <div></div> <div>Street Designator</div> <div></div> <div>Post Directional</div> <div>▼</div> <div>Apt #, Suite #, etc.</div> <div></div> </div>	
		<div> <div>Zip Code</div> <div></div> <div>City or Town</div> <div></div> <div>County</div> <div></div> <div>State</div> <div></div> <div>Country</div> <div></div> </div>	
		<div> <div>Inside City Limits</div> <div></div> </div>	
		<div> <div>Validate Page</div> <div>Next</div> <div>Clear</div> <div>Save</div> <div>Return</div> </div>	

Part 5. FAMILY MEMBERS

- On this tab, you will record the names of the decedent's spouse, if applicable, as well as the decedent's parents. Click "Validate Page" to check if you are ready to proceed to the Decedent Attributes tab.

Death Registration Menu		4702 :JOHN DOE JAN-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<input checked="" type="checkbox"/> Decedent <input checked="" type="checkbox"/> Resident Address <input checked="" type="checkbox"/> Family Members <input checked="" type="checkbox"/> Decedent Attributes <input checked="" type="checkbox"/> Informant <input checked="" type="checkbox"/> Disposition		Family Members Marital Status <input type="text" value="MARRIED"/> Other Specify <input type="text"/>	
Medical Certification		Spouse's Name	
<input checked="" type="checkbox"/> Pronouncement <input checked="" type="checkbox"/> Place of Death <input checked="" type="checkbox"/> Cause of Death <input checked="" type="checkbox"/> Other Factors <input checked="" type="checkbox"/> Injury <input checked="" type="checkbox"/> Certifier		First Middle Last name prior to first marriage Suffix <input type="text" value="JANE"/> <input type="text"/> <input type="text" value="BROWN"/> <input type="text"/>	
Other Links		Father / Parent Name Prior to First Marriage	
Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case Disposition Approval Switch User		First Middle Last name prior to first marriage Suffix <input type="text" value="JOHN"/> <input type="text"/> <input type="text" value="DOE"/> <input type="text" value="SR."/>	
		Father Current Legal Last Name	
		<input type="text" value="DOE"/>	
		Mother / Parent Name Prior to First Marriage	
		First Middle Last name prior to first marriage Suffix <input type="text" value="JANE"/> <input type="text"/> <input type="text" value="SMITH"/> <input type="text"/>	
		Mother Current Legal Last Name	
		<input type="text" value="DOE"/>	
		<input checked="" type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	

Part 6. DECEDENT ATTRIBUTES

- The decedent's usual occupation, industry, highest level of education obtained, ancestry, and race are all recorded on this tab.

Death Registration Menu		4702 : JOHN DOE JAN-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<ul style="list-style-type: none"> ✓ Decedent ✓ Resident Address ✓ Family Members ✓ Decedent Attributes ✗ Informant ✗ Disposition 		Decedent Attributes Decedent's Usual Occupation (Do not use Retired or Disabled. If decedent never worked then enter Never Worked.) <div> <div>OCCUPATION</div> <div>Kind of Business / Industry</div> <div>INDUSTRY</div> </div>	
<ul style="list-style-type: none"> ✗ Medical Certification ✗ Pronouncement ✗ Place of Death ✗ Cause of Death ✗ Other Factors ✓ Injury ✗ Certifier 		Decedent's education <div>BACHELOR'S DEGREE (E.G. BA, AB, BS)</div>	
Other Links Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case Disposition Approval Switch User		Ancestry Decedent of Hispanic Origin (more than one choice can be indicated) <div> <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino <input type="checkbox"/> Refused <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Unknown if Hispanic <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban </div>	
		Race Decedent Race (Check one or more races to indicate what the decedent considered himself or herself to be) <div> <input type="checkbox"/> Not Obtainable <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Refused <input type="checkbox"/> Asian Indian <input checked="" type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Unknown <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Japanese </div>	
		<div> <div>Validate Page</div> <div>Next</div> <div>Clear</div> <div>Save</div> <div>Return</div> </div>	

- Once these fields have been completed and the appropriate boxes have been checked, remember to click "Validate Page" to double-check!

Part 7. INFORMANT

- On this tab, you will fill in the name and address information for the informant. If the informant and the decedent's addresses are the same, you can click the box next to "Copy From Decedent Resident Address" to pull the decedent's address over into the following fields.

Death Registration Menu		4702 :JOHN DOE JAN-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<ul style="list-style-type: none"> ✓ Decedent ✓ Resident Address ✓ Family Members ✓ Decedent Attributes ✓ Informant ✗ Disposition 		Informant	
Medical Certification		Informant Name	
<ul style="list-style-type: none"> ✗ Pronouncement ✗ Place of Death ✗ Cause of Death ✗ Other Factors ✓ Injury ✗ Certifier 		First: JANE Middle: Last: DOE Suffix:	
Other Links		Relationship to Decedent: SPOUSE Other specify:	
<ul style="list-style-type: none"> Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case Disposition Approval Switch User 		Address	
		Copy From Decedent Resident Address <input type="checkbox"/>	
		Street Number: 123 Pre Directional: Street Name or PO Box, Rural Route, etc: STREET NAME Street Designator: ROAD Post Directional: Apt #, Suite #, etc.:	
		Zip Code: 73102 City or Town: OKLAHOMA CITY State: OKLAHOMA Country: UNITED STATES	
		Informant Phone Number:	
		<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	

Part 8. DISPOSITION

- On the Disposition tab, you will only need to fill in the method of disposition (Burial, Cremation, etc.) and the date of disposition, as well as the City or Town and State of disposition. If the state of disposition is in another state than Oklahoma, you will need to select “Removal from State” in the method of disposition drop-down menu. If the decedent is to be cremated, Cremation will need to be selected in that drop-down menu. Both instances will mean that the record must be referred to the Medical Examiner first, before it is certified.

Death Registration Menu		4702 :JOHN DOE JAN-01-2024	
Personal Information		/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/FIPS Coding Required	
<ul style="list-style-type: none"> ✓ Decedent ✓ Resident Address ✓ Family Members ✓ Decedent Attributes ✓ Informant ✓ Disposition ✗ Medical Certification ✗ Pronouncement ✗ Place of Death ✗ Cause of Death ✗ Other Factors ✓ Injury ✗ Certifier 		Disposition Method of disposition BURIAL Other Specify <input type="text"/> Cremation Clearance N/A Date of disposition JAN-05-2024 <small>MMM-dd-yyyy</small>	
		Place of disposition City or Town OKLAHOMA CITY State OKLAHOMA Country UNITED STATES	
Other Links		Funeral Director <input type="text"/> License Number FD12345678 First FUNERAL Middle DIRECTOR Last ONE Suffix <input type="text"/>	
Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case Disposition Approval Switch User		Funeral Home Business Registration Number 123456789 Lookup ADVANTAGE FUNERAL & CREMAT Street Number 7720 Pre Directional S Street Name or PO Box, Rural Route, etc. PENNSYLVANIA Street Designator AVENUE Post Directional <input type="text"/> Apt #, Suite #,etc <input type="text"/> Zip Code 73159 City or Town OKLAHOMA CITY State OKLAHOMA Country UNITED STATES Funeral Home Phone Number <input type="text"/> Secondary Funeral Home Name of Secondary Funeral Home <input type="text"/>	
		<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	

- The Funeral Director and Funeral Home information will be pre-populated, so you will not need to edit these fields. Once you have validated the page and see the green check mark, you can click on “Request Medical Certification if someone other than the Medical Examiner will be certifying, or “Refer to Medical Examiner” if the record is a Cremation, Removal from State, etc.

Death Registration Menu
Personal Information
✓ Decedent
✓ Resident Address
✓ Family Members
✓ Decedent Attributes
✓ Informant
✓ Disposition
Medical Certification
✗ Pronouncement
✗ Place of Death
✗ Cause of Death
✗ Other Factors
✓ Injury
✗ Certifier
Other Links
Comments
Print Forms
Refer to Medical Examiner
Relinquish Case
Request Medical Certification
Transfer Case
Disposition Approval
Switch User

Part 9. CREMATION

- If Cremation is selected as the method of disposition, additional fields will appear at the bottom of the page. The person requesting the permit is most often the informant, and you can click in the “Copy From Informant” box if that is the case. This will pull the informant’s name and address information over. Otherwise, you will need to complete the fields manually. The name of the funeral home’s staff member who is witnessing the permit application will be entered in the “Witness 1” fields. If an additional staff member was present and assisting, you can add their name in the “Witness 2” fields, but only one name is required.

Part 10. REQUESTING MEDICAL CERTIFICATION

- Here, you will assign a medical certifier to the record. Start by clicking on the magnifying glass symbol next to “Certifier Name:” to pull up the search menu. Enter the certifier’s last name and click search.

Death Registration Menu 4702 :JOHN DOE JAN-01-2024

/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/FIPS Coding Required

Request Medical Certification

Certifier Information

Certifier Name:

Facility/Office Name:

First Name:

Lookup Certifier

Last Name: First Name:

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD202020202020	ONE		MEDICAL	CERTIFIER	987	OAK	SELECT
ME123456	ONE		MEDICAL	EXAMINER	987	EXAMINER	SELECT

Total Records : 2

- ROVER will then show you a list of all certifiers in the system with that name. Select the appropriate one by clicking the “Select” link to the right of their name.
- You will then see that the certifier’s name and office they are affiliated with has populated on the page.

Death Registration Menu 4702 :JOHN DOE JAN-01-2024

/Personal Valid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Signature Required/FIPS Coding Required

Request Medical Certification

Certifier Information

Certifier Name:

Facility/Office Name:

First Name: Medical

Middle: Certifier

Last: One

Office: Mercy Hospital Oklahoma City

Message: PLEASE COMPLETE THE MEDICAL CERTIFICATION FOR: CASE ID: 4702 - JOHN DOE, DATE OF DEATH: JAN-01-2024. TIME OF DEATH

- Once you have confirmed that the certifier is correct, click the “Save” button at the bottom to request the medical certification. When the medical information has been entered and certified, you can proceed with signing the record (page X).

Part 11. REFERRING TO MEDICAL EXAMINER

- This process is currently being worked on and will change soon – you'll receive an updated user guide once the workflow is finalized.

Part 12. SIGNING THE RECORD

- When the record has been certified and you are ready to sign the record, first double-check that you have all green check marks by the tabs under the Personal Information and Medical Information sections to the left.

Death Registration Menu	
Personal Information	
✓	Decedent
✓	Resident Address
✓	Family Members
✓	Decedent Attributes
✓	Informant
✓	Disposition
Sign	
Medical Certification	
✓	Pronouncement
✓	Place of Death
✓	Cause of Death
✓	Other Factors
✓	Certifier
Other Links	
Comments	
Print Forms	
Refer to Medical Examiner	
Relinquish Case	
Transfer Case	
Disposition Approval	
Switch User	

- On the Sign tab, check the box to the left of the affirmation statement, and then click the “Affirm” Button. You should then see the “Authentication successful” message. The record is now signed!