

WV DAVE (Database Application for Vital Events)

Funeral Director Training Guides

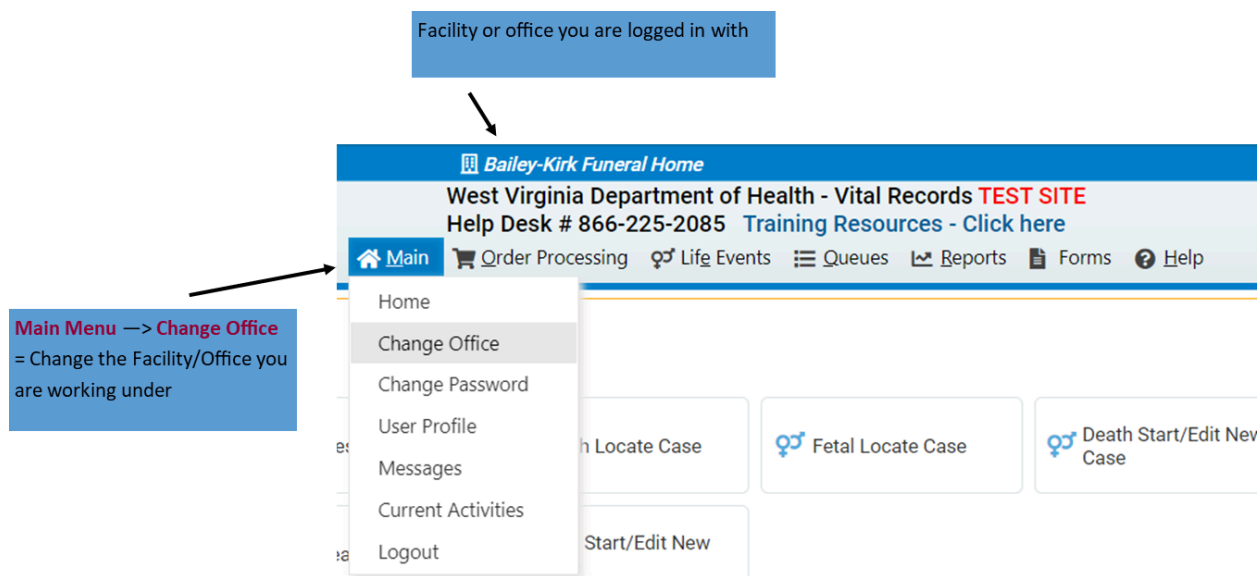
Table of Contents

Guide 1: Logging In and Starting a New Case or Locating a Case	2
Guide 2: Completing The Personal Information: Decedent Page	9
Guide 3: Completing the Personal Information: Resident Address	13
Guide 4: Completing the Personal Information: Place of Death	18
Guide 5: Completing the Personal Information: Family Members	21
Guide 6: Completing the Personal Information: Informant	23
Guide 7: Completing the Personal Information: Disposition	25
Guide 8: Completing the Personal Information: Decedent Attributes	30
Guide 9: Affirming/Signing a Case	32
Guide 10: Requesting Medical Certification	34
Guide 11: Removing An Override/Updating Information	41
Guide 12: Other Links Section	44
Guide 13: Status Bar	58
Guide 14: Making Changes to a Case & Creating Amendments	62
Guide 15: Placing an order for death certificates	71

Guide 1: Logging In and Starting a New Case or Locating a Case

1) Logging in to WV DAVE

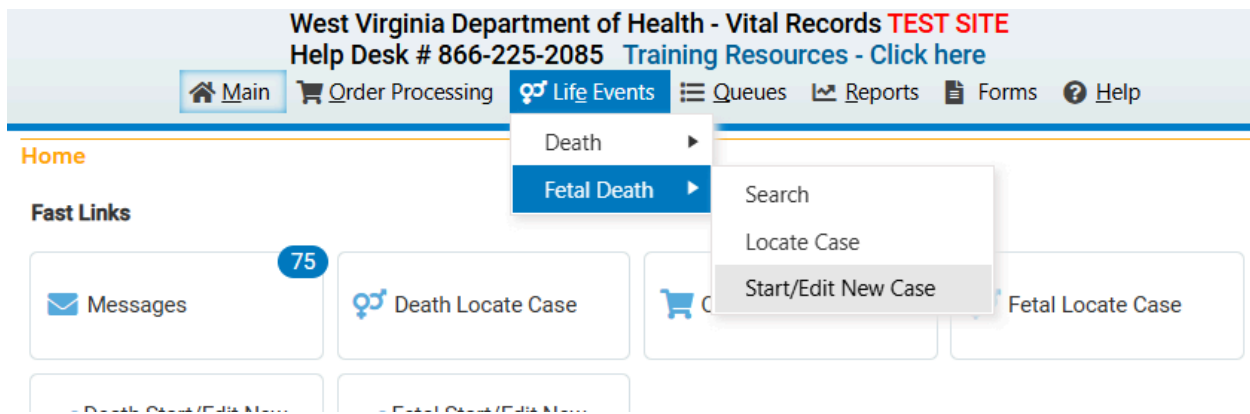
- Login in at: <https://davewv.vitalchek.com>
- If you are associated with more than one facility/office choose the one handling the case you are working on
 - You will see the facility/office you are working under at the top of the screen once you have logged in



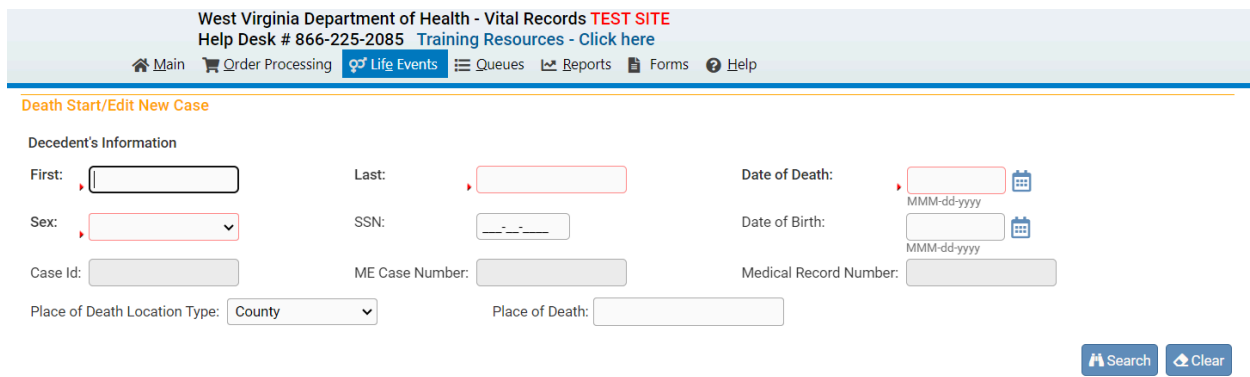
- To change the facility you are working under, go to the **Main Menu** and click **Change Office**
 - This will bring you back to the login page where you will change the office and reenter your password to log in again

2) Starting a New Case

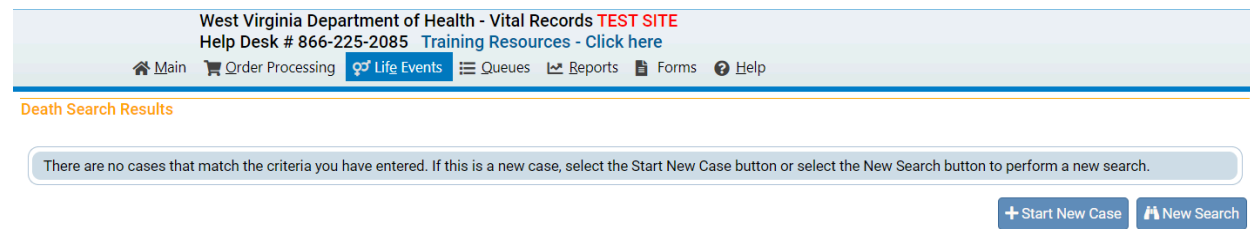
- To start a new case or see if a case has been started, go to:
 - **Life Events** → **Death** → **Start/Edit New Case**



- Clicking **Start/Edit New Case** will bring you to this page



- On this page, you must enter the correct information in the required fields **First Name**, **Last Name**, **Date of Death**, and **Sex**
- Click **Search**
- The search is very precise. If another case has been started but just one letter in the name or number in the date is off, it will not show that a case exists. Be careful that you are entering the correct information.
- If a case with the criteria you entered hasn't been started, you will see this screen



- Click **Start New Case** to start a case with the criteria you entered
- Clicking **Start New Case** will bring you to this page

West Virginia Department of Health - Vital Records **TEST SITE**
 Help Desk # 866-225-2085 Training Resources - Click here

Main Order Processing Life Events Queues Reports Forms Help

Death Registration Menu 45362 :Test Test SEP-13-2024
 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Personal Information
Decedent
 Decedent Address
 Place of Death
 Family Members
 Informant
 Disposition
 Decedent Attributes
Medical Certification
 Pronouncement
 Cause of Death
 Other Factors
 Injury
 Certifier
Other Links
 Attachments
 Comments
 Print Forms
 Relinquish Case
 Request Medical Certification
 Transfer Case
 Trade Calls
 Switch User

Will OCME be responsible for completing personal demographic information at a later date? No

Decedent's Legal Name
 First Middle Last Suffix
 Test Test

Decedent's Maiden Name
 Last

Aliases
 Add/Edit Alias Names

Sex Social Security Number
 Male None Unknown

Date of Birth Age Years Months Days Hours Minutes SSN Verification Status
 Verify SSN UNVERIFIED (0)

Decedent's Birth Place
 City or Town County State or US Territory Country
 United States

Ever in US Armed Forces?

Validate Page Next Clear Save Return

fevents/Death/ResidentAddress.aspx;

- If a case already exists with the search criteria you entered you will see a page like this

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45363	Training, Train	SEP-13-2024	Male			Preview

Total Records : 1

+ Start New Case New Search

- To verify the case is the one you are looking for you can click the **Preview** Link on the right side which will bring up a preview of the case under the search results

Death Search Results Search

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Preview

Total Records : 1

New Search

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Select

Total Records : 1

New Search

Click **Select**
Link to open
the case

Preview

File Number: File Date:
Case Id: 45364 Medical Record Number:
Decedent's Name: Train Training ME Case Number:
Spouse's Name: Marital Status: Never married Date of Death: SEP-13-2024
Sex: Female Date of Birth: MAR-02-1973 SSN: 123-32-5323
City or Town of Death: Madison County: Boone
Place of Death: Boone Memorial Hospital
Residence: Hurricane West Virginia, United States
Mother's Maiden Name: Jane Trained
Funeral Director: Funeral Director
Funeral Home: Bailey-Kirk Funeral Home, 1612 Honaker Avenue, Princeton
Medical Certifier: Medical Certifier
Date Entered: SEP-13-2024 Last Update Made By: Medical Certifier
Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

3) Locating a Case

- If you know a case has already been started **and** assigned to you then you can search the case by going to:
 - **Life Events** → **Death** → **Locate Case**

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Help Desk # 866-225-2085 Training Resources - Click here

Main Life Events Queues Reports Forms Help

Home

Fast Links

Messages

Fetal Locate Case Birth Start/Edit New Case Fetal Start/Edit New Case

Queues

Birth Locate Case Registration Work Queue Summary Amendment Work Queue Summary

- There are no required fields on this page, but you must enter something so the system can locate the correct case. If you have the case number, you may enter it alone and **Search**

Death Locate Case

Decedent's Information

First: <input type="text" value="Train"/>	Last: <input type="text" value="Training"/>	Date of Death: <input type="text" value="SEP-13-2024"/>
Sex: <input type="text" value=""/>	SSN: <input type="text" value=""/>	Date of Birth: <input type="text" value=""/>
Case Id: <input type="text" value=""/>	ME Case Number: <input type="text" value=""/>	Medical Record Number: <input type="text" value=""/>
Place of Death Location Type: <input type="text" value="County"/>	Place of Death: <input type="text" value=""/>	

Enter as much information as possible so you locate the appropriate case, then click **Search**

- To verify the case is the one you are looking for you can click the **Preview** Link on the right side which will bring up a preview of the case under the search results

Death Search Results Search

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Preview

Total Records : 1

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

Death Search Results

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Select

Total Records : 1

Click **Select** Link to open the case

Preview

File Number: Case Id: 45364
Decedent's Name: Train Training
Spouse's Name: Spouse's Name:
Sex: Female
City or Town of Death: Madison
Place of Death: Boone Memorial Hospital
Residence: Hurricane West Virginia, United States
Mother's Maiden Name: Jane Trained
Funeral Director: Funeral Director
Funeral Home: Bailey-Kirk Funeral Home, 1612 Honaker Avenue, Princeton
Medical Certifier: Medical Certifier
Date Entered: SEP-13-2024
Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

File Date: Medical Record Number:
ME Case Number: Date of Death: SEP-13-2024
Marital Status: Never married
Date of Birth: MAR-02-1973
SSN: 123-32-5323
County: Boone
Last Update Made By: Medical Certifier

4) Going to a case directly from WV DAVE Messaging

- When someone requests a funeral home, you will receive an email like this



wvdavenoreply@wv.gov

2:15 PM (0 minutes ago) ☆ ↶ ⋮

Funeral Director

Please complete the Personal Information for:

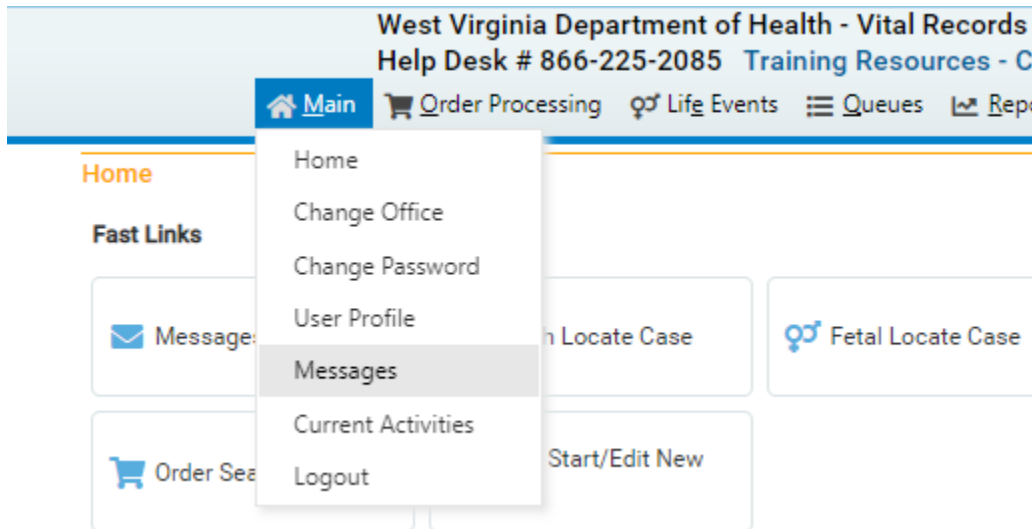
Case Id: 46380
Decedent Name: #LinkText#
Date of Death: OCT-03-2024
Office Assigned to: #OfficeName#
You can log into DAVE here: <https://davevw.vitalchek.com>

Please be advised that this is an unmonitored email address.

If you have any questions on use of the WV DAVE system, please go to this link: <https://sites.google.com/wv.gov/davetraining/home> for more information, including user guides and walk-through/how-to videos. If you would like live support via phone please call 866-225-2085, from 8:30am - 5pm ET, Monday through Friday. Testing, New

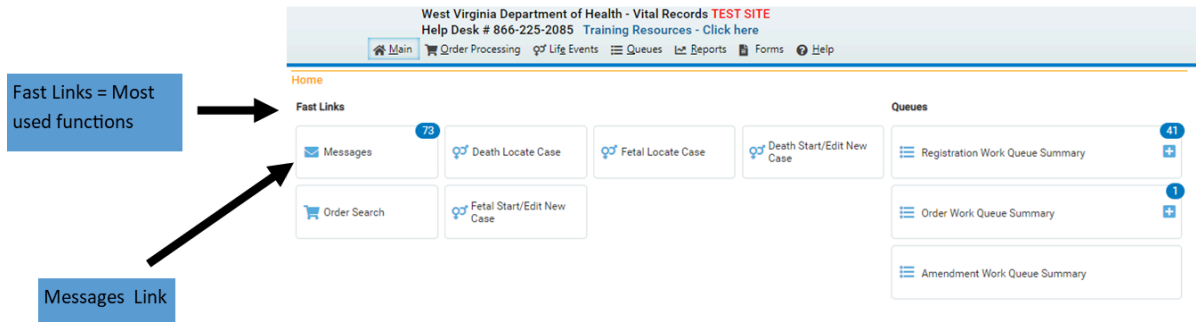
The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

- You will also receive a message in WV DAVE
 - To review your messages, login to WV DAVE and go to **Messages** from the Home Page
 - Go to: **Main Menu** → **Messages**

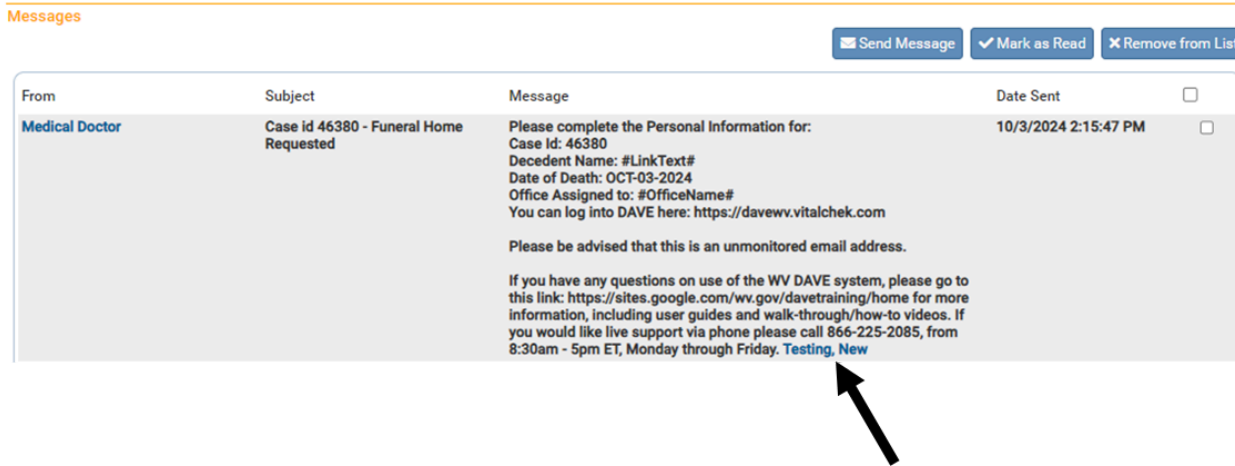


- You can also access **Messages** under **Fast Links** on the Home Page

This is the screen you will see after logging in



- Once you click on **Messages**, you will see this screen



- To go directly to this case and begin entering information, click on the **Decedent Name** Link in the message

Notes

Required fields have an indicator beside the field box and the field box is outlined in red.

Example:

Last:

Please confirm proper spelling of decedent first and last name to avoid duplicate cases and also because the search will only bring up **exactly** what you enter.

[Return to Table of Contents](#)

Guide 2: Completing The Personal Information: Decedent Page

- Once you have started a new case or located and opened the case you are needing to work on, you will see this page

The Personal Information section (outlined in red) is the section the Funeral Director should complete

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 Training Resources - Click here

Main Order Processing Life Events Queues Accounting Reports Forms Jobs Administration Help

45363 :Train Training SEP-13-2024
/New Event/New Event/Not Registered/NA/NA/NA

Decedent

Will OCME be responsible for completing personal demographic information at a later date?

Decedent's Legal Name

First Middle Last Suffix
Train Training

Decedent's Maiden Name

Last

Aliases

Add/Edit Alias Names

Sex Social Security Number None Unknown
Male

Date of Birth Under 1 Year Under 1 Day
Age Years Months Days Hours Minutes SSN Verification Status
Verify SSN UNVERIFIED (0)
MMM-dd-yyyy

Decedent's Birth Place

City or Town County State or US Territory Country
United States

Ever in US Armed Forces?

Validate Page Next Clear Save Return

Validate Page button

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page
 - Click **Validate Page** at any time to save/check what you have entered
 - If you prefer, you can review any errors all at once after you have entered all of the information in the Funeral Director Section by saving your work as you go and clicking **Validate Page** after you complete the last page (Decedent Attributes)
 - If you choose to validate your information this way, clicking the **Next** button goes to the next page and saves your work

Death Registration Menu

Personal Information

- X Decedent
- ✓ Resident Address
- ✓ Place of Death
- ✓ Family Members
- ✓ Informant
- X Disposition
- ✓ Decedent Attributes

Medical Certification

- X Pronouncement
- X Cause of Death
- X Other Factors
- ✓ Injury
- X Certifier

Other Links

- ✓ Attachments
- Comments
- Print Forms
- Relinquish Case
- Transfer Case
- Trade Calls
- Switch User

45364 : SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

Decedent

Will OCME be responsible for completing personal demographic information at a later date?

Decedent's Legal Name

First Middle Last Suffix

Decedent's Maiden Name

Last

Aliases

Add/Edit Alias Names

Sex Social Security Number None Unknown

Date of Birth Age Years Months Days Hours Minutes SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town County State or US Territory Country

Ever in US Armed Forces?

Validation Results

Error Message	Override	Goto Field	Popup
DR_0039: Decedent's first name cannot be left blank. Enter the Decedent's first name.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_0047: Decedent's last name cannot be left blank. Enter the Decedent's last name. If the last name is unknown, enter 'Unknown' in the last name and leave remaining names blank.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
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="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="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_0071: The Date of Birth cannot be blank. Enter a valid date for Date of Birth. If date is unknown, enter 99/99/9999.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_0074: The Decedent Birthplace State and country cannot both be blank. Enter a valid state State/country combination for the Decedent Birthplace. If both are unknown, enter 'Unknown'.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_0078: Decedent's birth place country cannot be left blank. Enter the decedent's birth country. If decedent's birth place country is unknown, enter 'Unknown.'	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- A red box means that field must be completed and validated by the system before you can sign the case

Example:

Social Security Number

Guide 3: Completing the Personal Information: Resident Address

- Once you navigate to the **Resident Address** Page, this is what you will see

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required

Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	City or Town	County	State	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	West Virginia	United States	

Inside City Limits

Address

2nd Legal Residence - Probate Use Only - Optional

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	City or Town	County	State	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Inside City Limits

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page**, the fields you must complete will be highlighted in red and yellow

Death Registration Menu

Personal Information

✓ Decedent

✗ Resident Address

✗ Place of Death

✗ Family Members

✗ Informant

✗ Disposition

✗ Decedent Attributes

Medical Certification

✗ Pronouncement

✗ Cause of Death

✗ Other Factors

✓ Injury

✗ Certifier

Other Links

Attachments

Comments

Print Forms

Relinquish Case

Request Medical Certification

Transfer Case

Trade Calls

Switch User

45364 :Train Training SEP-13-2024

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

Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code	City or Town	County	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	West Virginia	United States

Inside City Limits

Address

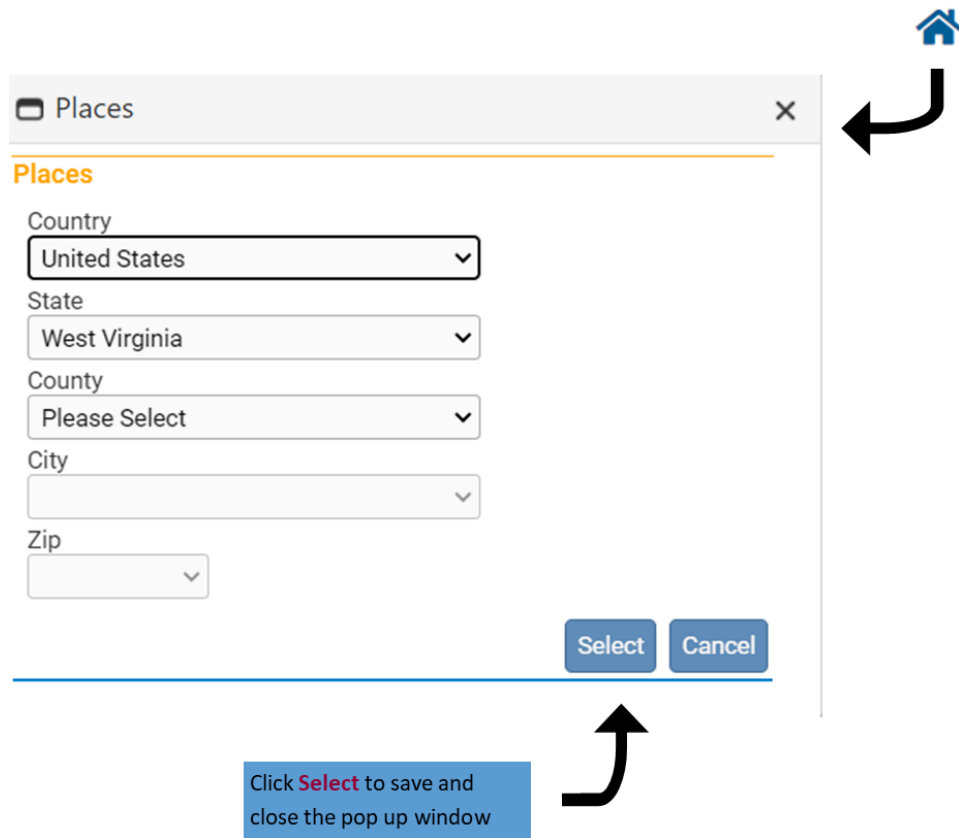
2nd Legal Residence - Probate Use Only - Optional

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zip Code	City or Town	County	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inside City Limits

- When you enter the zip code, if it is one that is already loaded into the system, it will automatically populate the City, County, State, and Country fields.
- Clicking the **House** Icon will bring up a window that will allow you to select the criteria by Country, State, County, City, and Zip Code, filtering the options as you go



- To override a yellow error, go to the **Validation Results** at the bottom of the page after clicking **Validate Page**

Resident Address

Address

Street Number: [Yellow Box] Pre Directional: E Street Name: 1st Street Designator: Avenue Post Directional: [Dropdown] Apt #, Suite #, etc.: [Text Box]

Zip Code: 25526 City or Town: Hurricane County: Putnam State: West Virginia Country: United States

Inside City Limits: No

Address

2nd Legal Residence - Probate Use Only - Optional: [Dropdown]

Street Number: [Text Box] Pre Directional: [Dropdown] Street Name: [Text Box] Street Designator: [Dropdown] Post Directional: [Dropdown] Apt #, Suite #, etc.: [Text Box]

Zip Code: [Text Box] City or Town: [Text Box] County: [Text Box] State: [Text Box] Country: [Text Box]

Inside City Limits: [Dropdown]

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
DR_1558: Decedent's residence address street number cannot be left blank. A valid street number for the decedent's residence address is required. Enter the building number assigned to the decedent's residence. Do not record a rural route number or PO Box number. If the number is unknown, enter 'Unknown'.	<input type="checkbox"/>	Fix	Fix

- In the **Validation Results** Box, click the **Checkbox** beside the appropriate error message that you wish to override, then click **Save Overrides**

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
DR_1558: Decedent's residence address street number cannot be left blank. A valid street number for the decedent's residence address is required. Enter the building number assigned to the decedent's residence. Do not record a rural route number or PO Box number. If the number is unknown, enter 'Unknown'.	<input checked="" type="checkbox"/>	Fix	Fix

Click the **Checkbox**

Save Overrides button

- Next, click **Validate Page** to verify the information you entered is validated by the system
- Then, click **Next** to move to the next page, which is Place of Death

After saving overrides, you will see a yellow circle beside Resident Address in the menu on the left side

The State Office will review the case and either approve or deny overrides



Death Registration Menu	
Personal Information	
✓	Decedent
●	Resident Address
✗	Place of Death
✗	Family Members
✗	Informant
✗	Disposition
✗	Decedent Attributes

Notes

You can still affirm/sign a case if there are yellow errors that have been overridden

You can always come back and add information later, as long as the case hasn't been registered by the State Office (the status bar at the top of the page will tell you whether the case is registered or not)

45367 :New Train SEP-17-2024

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

It is best to complete as much of the information as possible.

[Return to Table of Contents](#)

Guide 4: Completing the Personal Information: Place of Death

- Once you navigate to the **Place of Death** Page, this is what you will see

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 Training Resources - Click here

Main Order Processing Life Events Queues Reports Forms Help

46379 :First Trained OCT-01-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required

Place Of Death

Type of place of death Other Specify

Facility Name

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

Zip Code City or Town County State Country

Medical Record Number

Was Decedent Transferred from Another Institution?

Validate Page Next Clear Save Return

- You must select something for **Type of Place of Death**

- Hospital Inpatient
- Hospital ER/Outpatient
- Hospital DOA
- Hospice Facility
- Licensed Assisted Living Facility
- Nursing Home/Long term care facility
- Decedent's Home
- Other (Specify)

- You must enter the **Facility Name** if the place of death is anything other than Decedent's Home or Other (Specify)
 - If the Death Pronouncer or Medical Certifier starts the case, the facility name and address will be already be entered based on which facility they logged into WV DAVE as, but you can update the place of death facility if needed

Place Of Death

Type of place of death **Hospital Inpatient** Other Specify

Facility Name



Clicking the **Eraser** Icon will clear the facility and facility address

Clicking on the **Magnifying Glass** Icon will bring up a window that will allow you to search for a facility

Lookup Place Of Death Facility ×

Facility Name **Search**

Cancel

- If you don't know the full name of the facility, you can enter part of the name and the percent sign (%) and click **Search**

% = a wild card
In this example, anything that begins with "Ra" will show up in the search

Lookup Place Of Death Facility ×

Facility Name **Search**

Facility Name	Address	City	
Raleigh General Hospital	123 Any Street	Beckley	select

Total Records : 1

Cancel

Click **Select** to choose this facility and the information will automatically be entered

- Next, click **Validate Page** to verify the information you entered is validated by the system

46379 :First Trained OCT-01-2024

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

Place Of Death

Type of place of death Other Specify

Facility Name

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #,etc
<input type="text" value="123"/>	<input type="text"/>	<input type="text" value="Any Street"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	City or Town	County	State	Country	
<input type="text" value="25801"/>	<input type="text" value="Beckley"/>	<input type="text" value="Raleigh"/>	<input type="text" value="West Virginia"/>	<input type="text" value="United States"/>	

Medical Record Number

Was Decedent Transferred from Another Institution?

- If there are no errors, click **Next** to move to the next page, which is Family Members

Notes

A valid street number is required if the place of death was the decedent's home

You must specify, if you select Other (Specify)

[Return to Table of Contents](#)

Guide 5: Completing the Personal Information: Family Members

- Once you navigate to the **Family Members** Page, this is what you will see

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required

Family Members

Marital Status Other Specify

Surviving Spouse's Name

First Middle Last (name prior to first marriage) Suffix

Father / Parent Name Prior to First Marriage

First Middle Last Suffix

Mother / Parent Name Prior to First Marriage

First Middle Last Suffix

Death Registration Menu

- Personal Information
 - Decedent
 - Resident Address
 - Place of Death
 - Family Members**
 - Informant
 - Disposition
 - Decedent Attributes
- Medical Certification
 - Pronouncement
 - Cause of Death
 - Other Factors
 - Injury
 - Certifier
- Other Links
 - Attachments
 - Comments
 - Print Forms
 - Relinquish Case
 - Request Medical Certification
 - Transfer Case
 - Trade Calls
 - Switch User

- If you click **Validate Page**, the fields you must complete will be highlighted in red and yellow

45364 :Train Training SEP-13-2024

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

Family Members

Marital Status Other Specify

Surviving Spouse's Name

First Middle Last (name prior to first marriage) Suffix

Father / Parent Name Prior to First Marriage

First Middle Last Suffix

Mother / Parent Name Prior to First Marriage

First Middle Last Suffix

- Once you have entered the decedent's information, click **Validate Page** to verify the information you entered is validated by the system

45364 :Train Training SEP-13-2024

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

Family Members

Marital Status Other Specify

Surviving Spouse's Name

First Middle Last (name prior to first marriage) Suffix

Father / Parent Name Prior to First Marriage

First Middle Last Suffix

Mother / Parent Name Prior to First Marriage

First Middle Last Suffix

- If there are no errors, click the **Next** Button to go to the next page, which is Informant

[Return to Table of Contents](#)

Guide 6: Completing the Personal Information: Informant

- Once you navigate to the **Informant** Page, this is what you will see

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required

Informant

Informant Name

First Middle Last Suffix

Maiden Name

Relationship to Decedent Other specify

Address

Copy From Decedent Resident Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc Street Designator Post Directional Apt #, Suite #, etc.

Zip Code City or Town State Country

United States

Informant Phone Number

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page**, the fields you must complete will be highlighted in red and yellow

Informant

Informant Name

First Middle Last Suffix

Maiden Name

Relationship to Decedent Other specify

Address

Copy From Decedent Resident Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc Street Designator Post Directional Apt #, Suite #,etc.

Zip Code City or Town State Country

Informant Phone Number

- Enter the informant information and click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click **Next** to navigate to the next page, which is Disposition

This is how a page will look if there are no errors

Green Check = no errors
 Yellow Circle = errors that can be overridden
 Red X = errors that MUST be corrected and revalidated by the system

The screenshot shows the 'Informant' form in a web application. On the left is a 'Death Registration Menu' with items like 'Personal Information', 'Medical Certification', and 'Other Links'. The 'Informant' item is highlighted with a green checkmark. The main form area contains the same fields as the previous image, but with a 'Next' button highlighted in yellow in the bottom navigation bar. A blue box with an arrow points to the 'Next' button.

Click **Next** to move on to the next page, if there are no errors

[Return to Table of Contents](#)

Guide 7: Completing the Personal Information: Disposition

- Once you navigate to the **Disposition** Page, this is what you will see
 - If you start the case as the Funeral Director, your name, license number, address, and the funeral home you are associated with will automatically populate into those fields

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

Death Registration Menu

- Personal Information
- ✓ Decedent
- Resident Address
- ✓ Place of Death
- ✓ Family Members
- ✓ Informant
- ✗ Disposition**
- ✗ Decedent Attributes

Medical Certification

- ✗ Pronouncement
- ✗ Cause of Death
- ✗ Other Factors
- ✓ Injury
- ✗ Certifier

Other Links

- Attachments
- Comments
- Print Forms
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Trade Calls
- Switch User

Disposition

Method of disposition Other Specify

Date of disposition MMM-dd-yyyy

Place of disposition

Place of Disposition

City or Town State Country

Funeral Director

License Number

First Middle Last Suffix

Funeral Home

Business Registration Number Lookup

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

Zip Code City or Town State Country

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page**, the fields you must complete will be highlighted in red and yellow

Disposition

Method of disposition Other Specify
Date of disposition
MMM-dd-yyyy

Place of disposition

Place of Disposition
City or Town State Country

Funeral Director

License Number
First Middle Last Suffix

Funeral Home

Business Registration Number Lookup
Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #,etc
Zip Code City or Town State Country

- For **Place of Disposition**, you can click on the **Magnifying Glass** Icon to bring up a search window

Place of Disposition

Clicking on the **Magnifying Glass** Icon will bring up a window that will allow you to search for a place of disposition such as a cemetery



Lookup Place Of Disposition

Facility Name

- If you don't know the full name of the place of disposition, you can enter part of the name and the percent sign (%) and click **Search**

Lookup Place Of Disposition

Facility Name:

Facility Name	Address	City	
Acacia Society	17324 Sunshine Trail	Sabillasville	<input type="button" value="select"/>

Total Records : 1

% = a wild card
In this example, anything that begins with "Ac" will show up in the search



Click **Select** to choose this facility and the information will automatically be entered

- If the method of disposition is cremation, after you validate the page, the **Status Bar** will have "Cremation Clearance Required"

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/**Cremation Clearance Required**/FIPS Coding Required

Disposition

Method of disposition: Other Specify

Date of disposition:
MMM-dd-yyyy

Status Bar

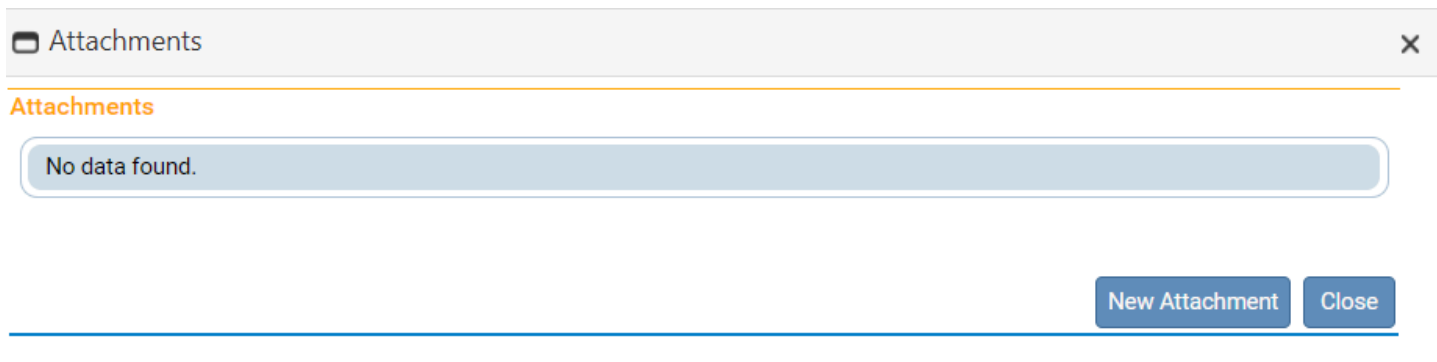
- You must attach a signed Cremation Authorization Form by going to:
 - **Death Registration Menu** → **Other Links** → **Attachments**

Click **Attachments** →

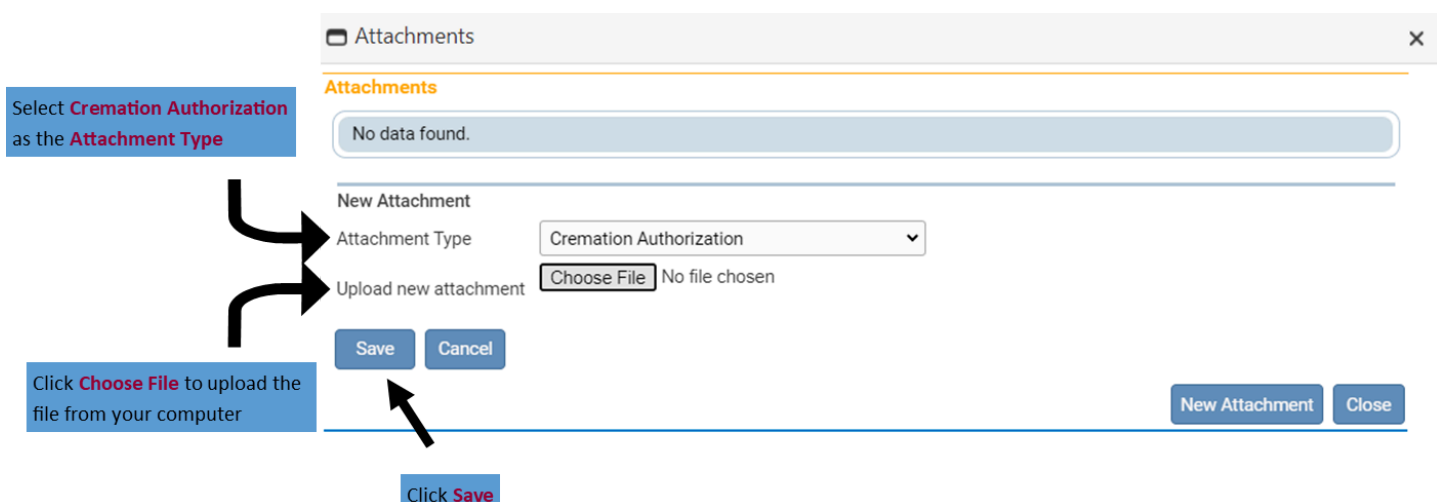
Other Links

- Attachments
- Comments
- Remove Certifier From Case
- Print Forms
- Relinquish Case
- Transfer Case
- Trade Calls
- Switch User

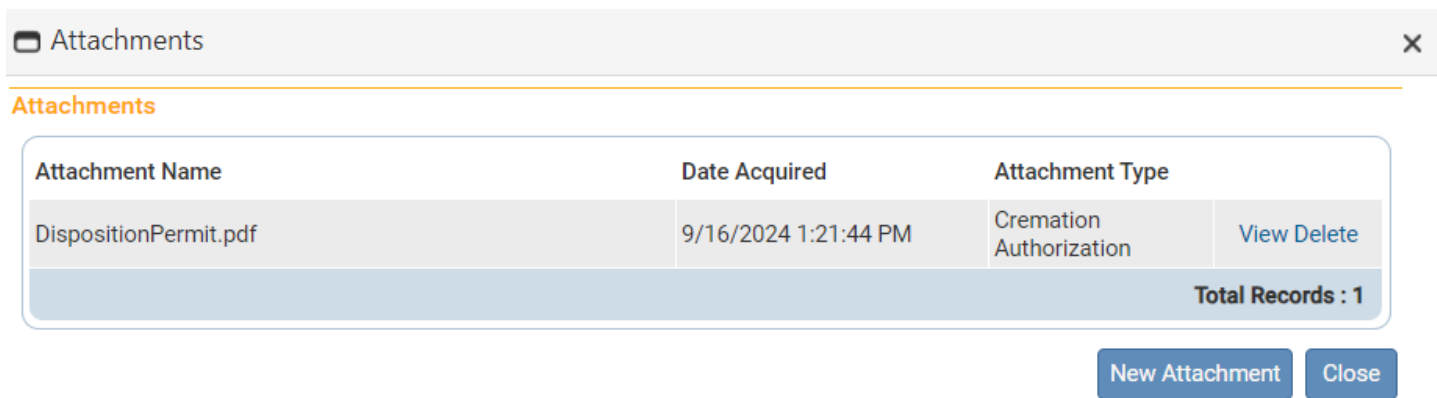
- Clicking **Attachments** will bring up a window like this



- Click **New Attachment** to add the Cremation Authorization Form

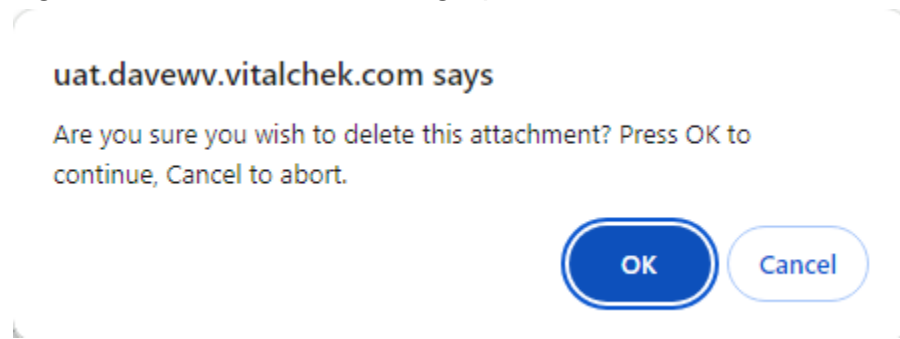


- Once you click **Save**, the attachment will upload to the case in WV DAVE and you will see this



- If you click the **View** Link, you will download what you just uploaded to your computer

- Clicking the **Delete** Link, will bring up this window



- After an attachment has been added to the case, you will see a check mark appear beside **Attachments** under the **Other Links** Section



- Next, click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click **Next** to move to the next page, which is Decedent Attributes

Notes

The Funeral Director can't affirm/sign the case until the Cremation Clearance is approved by The Office of Chief Medical Examiner (OCME)

The OCME can't approve the Cremation Permit until the Medical Certifier has certified the case

[Return to Table of Contents](#)

Guide 8: Completing the Personal Information: Decedent Attributes

- Once you navigate to the **Decedent Attributes** Page, this is what you will see

West Virginia Department of Health - Vital Records **TEST SITE**
Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

Death Registration Menu

- Personal Information
 - Decedent
 - Resident Address
 - Place of Death
 - Family Members
 - Informant
 - Disposition
- Decedent Attributes**
- Medical Certification
 - Pronouncement
 - Cause of Death
 - Other Factors
 - Injury
 - Certifier
- Other Links
 - Attachments
 - Comments
 - Print Forms
 - Relinquish Case
 - Request Medical Certification
 - Transfer Case
 - Trade Calls
 - Switch User

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/**Cremation Clearance Required**/FIPS Coding Required

Decedent Attributes

Decedent's Usual Occupation Kind of Business / Industry

Decedent's education

Ancestry

Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)

No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, Other Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano Yes, Cuban Unknown if Hispanic

Race

Decedent Race (Check one or more races to indicate what the decedent considered himself or herself to be)

White Chinese Vietnamese Samoan
 Black or African American Filipino Other Asian Other Pacific Islander
 American Indian or Alaska Native Japanese Native Hawaiian Other (Specify)
 Asian Indian Korean Guamanian or Chamorro

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

- If you click **Validate Page**, the fields you must complete will be highlighted in red and yellow

Decedent Attributes

Decedent's Usual Occupation

Kind of Business / Industry

Decedent's education

Ancestry

Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish/Hispanic/Latino)

- No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Other Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Unknown if Hispanic

Race

Decedent Race (Check one or more races to indicate what the decedent considered himself or herself to be)

- White
 Chinese
 Vietnamese
 Samoan
 Black or African American
 Filipino
 Other Asian
 Other Pacific Islander
 American Indian or Alaska Native
 Japanese
 Native Hawaiian
 Other (Specify)
 Asian Indian

 Korean
 Guamanian or Chamorro

- Once you have completed this information, click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click **Save**
- Next you will need to affirm/sign the case
 - If all the pages have a green check mark or you have overridden any yellow errors

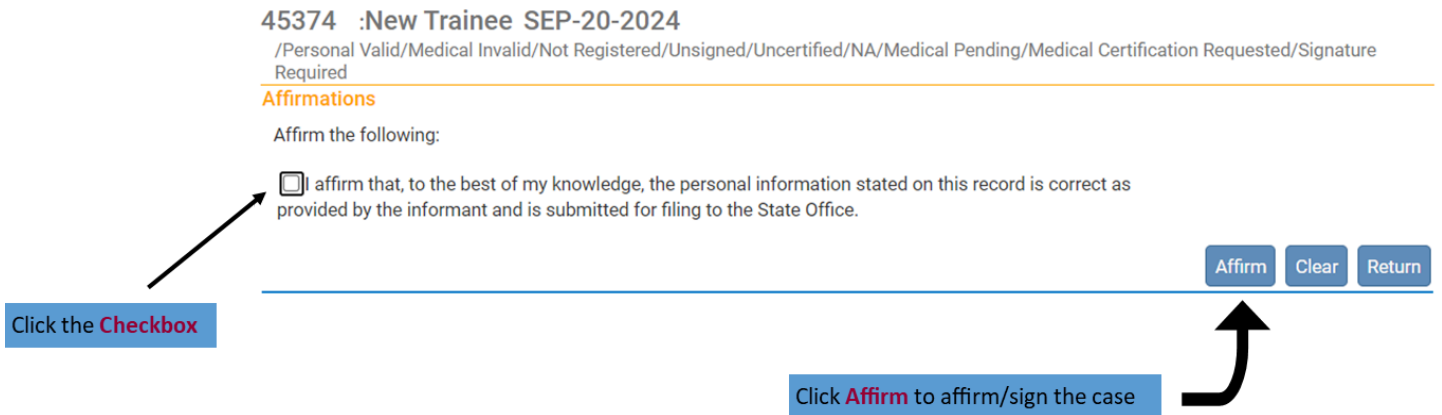
[Return to Table of Contents](#)

Guide 9: Affirming/Signing a Case

- Once you have completed all of the required fields in the Personal Information Section (Funeral Home Section) and corrected any red errors and overrode any yellow errors, you can affirm/sign the case
 - A **Sign** Page will populate in the Personal Information Section if you are ready to sign



- Click the **Sign** Page and you will be brought to this screen



- After clicking **Affirm**, you will see this screen

Affirmations

Authentication successful.

Clear

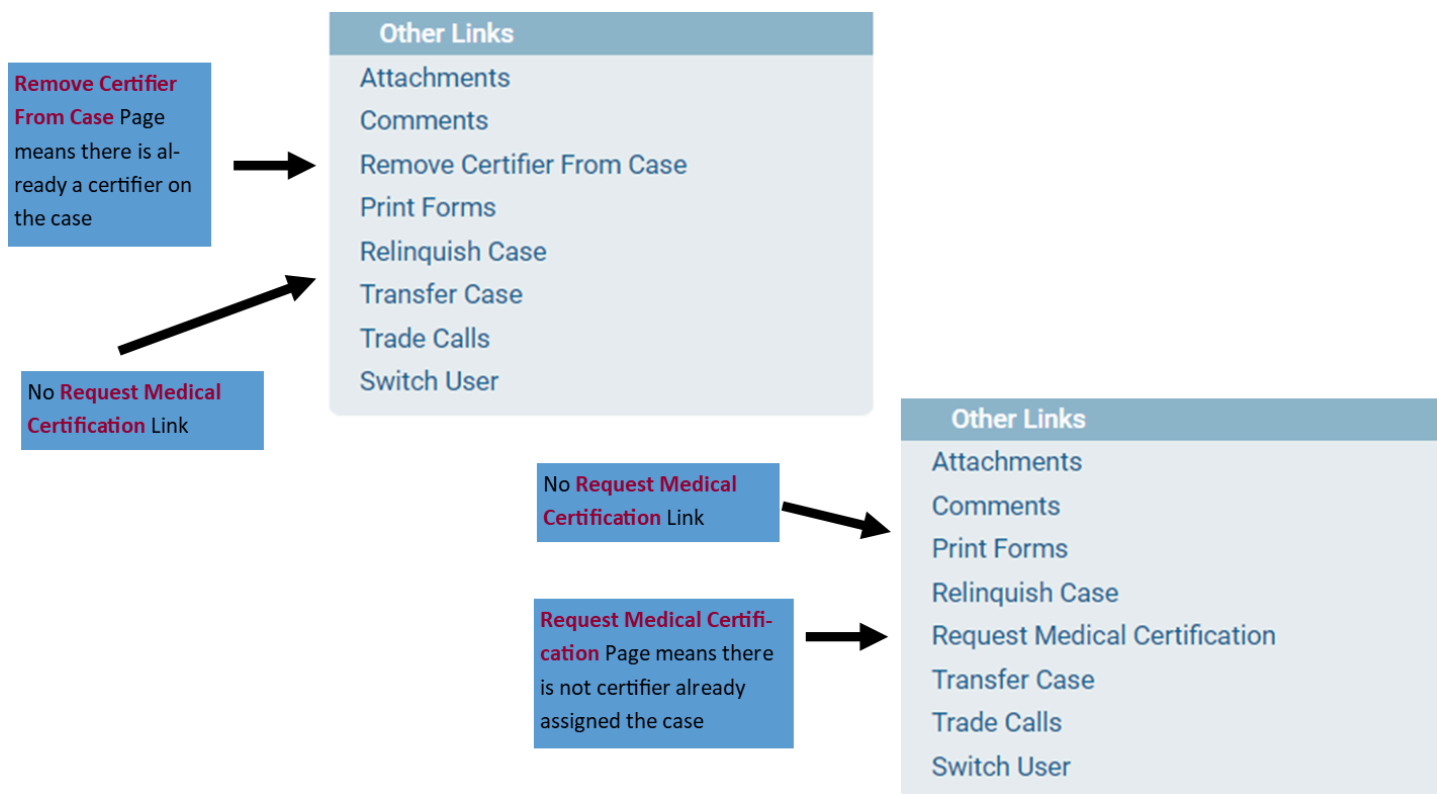
Return

- You are finished with your section as the Funeral Home
- If you need to change anything later and the case has not been registered with the State Vitals office, you may Unsign the case, make your changes and Sign it again.
- Next, you can Request Medical Certification if there's no certifier on the case and you know who the certifier is.

[Return to Table of Contents](#)

1) How to know if you need to request request medical certification

- If there isn't a link available, medical certification has probably already been requested



- The status bar will also tell you if medical certification has been requested

45374 :New Trainee SEP-20-2024

/Personal Valid/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Medical Certification Requested

- If you click on the **Certifier** Page under the Medical Certification Section, you can see whether a certifier is assigned to the case

Certifier Page →

Medical Certification
Pronouncement
Cause of Death
Other Factors
Injury
Certifier

- If there is a medical certifier assigned to the case, the information will be entered

45367 :New Train SEP-17-2024

/Personal Valid/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Medical Certification Requested

Certifier

Certifier Type

Certifier Name

License Number

First Middle Last Suffix

Title

Certifier Address

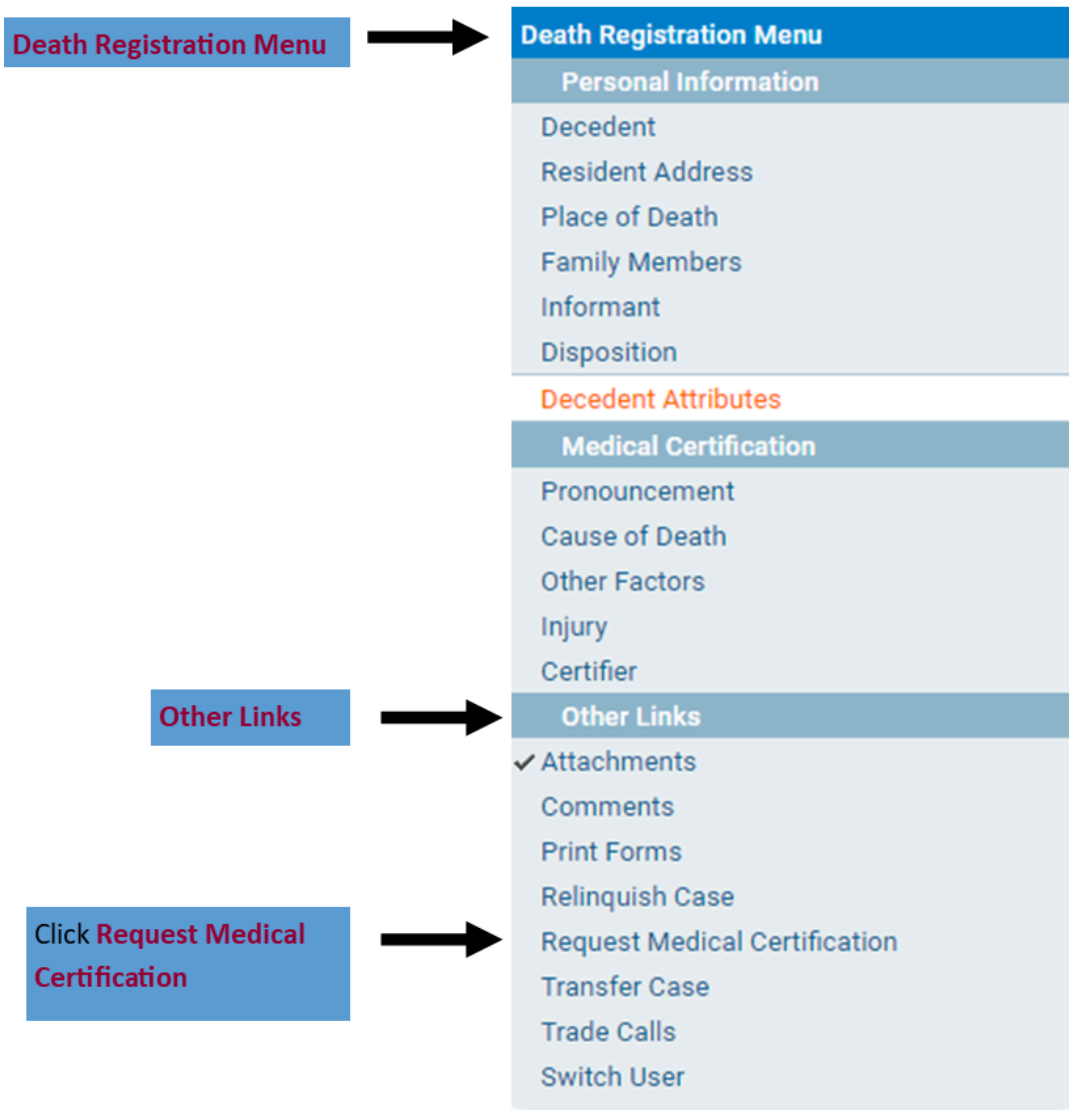
Edit Certifier Address

Street Number Pre Directional Street Name, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.
Zip Code City or Town State Country

Date Signed
MMM-dd-yyyy

2) To request medical certification



- Go to: **Death Registration Menu** → **Other Links** → **Request Medical Certification**



- Once you click **Request Medical Certification**, this is the page you will see

Request Medical Certification

Certifier Information

Certifier Name:  

Facility/Office Name:  

First Name:

Middle


Last


Office:

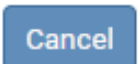
Message
Please complete the Medical Certification for:
Case Id: 45364
Decedent Name: Train Training
Decedent Date of Birth: SEP-13-2024
Date of Death: SEP-13-2024

 Clear  Save  Return

- First, you must add the Certifier by clicking on the **Magnifying Glass** Icon beside **Certifier Name** to bring up a search window

 Lookup Certifier X

Last Name First Name 



- You can enter part of the Medical Certifier's name and the percent sign (%) and click **Search**

Lookup Certifier X

Last Name: First Name: Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD1029	Certifier		Medical		1	Test	select
MD123	Certifier		Nirav		123	Any Street	select
Total Records : 2							

Cancel

% = a wild card
 In this example, anything that begins with "Cert" will show up in the search

Click **Select** beside the correct Medical Certifier to choose them

- After you click **Select**, you will be taken back to this screen and you will see that the name of the medical certifier you selected has populated

Request Medical Certification

Certifier Information

Certifier Name: 🔍 🏠

Facility/Office Name: 🔍 🏠

First Name: Medical
 Middle
 Last Certifier
 Office:

Message: Please complete the Medical Certification for:
 Case Id: 46379
 Decedent Name: First Trained
 Decedent Date of Birth: OCT-01-2024
 Date of Death: OCT-01-2024

🏠 Clear 💾 Save ↶ Return

- Now you must add the Facility/Office by clicking on the **Magnifying Glass** Icon beside **Facility/Office Name** to bring up a search window

% = a wild card
If you enter the **Percent Sign** and click **Search**, all facilities associated with the medical certifier you selected will show.

Lookup Medical Facilities

Facility Name: %

Facility Name	Address	City	
Boone Memorial Hospital	456 Some Boulevard	Madison	<input type="button" value="select"/>
Logan Regional Medical Center	123 Any Street	Logan	<input type="button" value="select"/>
CAMC General Hospital	501 Morris Street	Charleston	<input type="button" value="select"/>
CAMC Memorial Hospital	123 Any SE Street	Charleston	<input type="button" value="select"/>

Total Records : 4

Click **Select** beside the appropriate facility

- After you click **Select**, you will be taken back to this screen where you will see that the name of the medical certifier and the office you selected have populated in those fields

The name and office of the Medical Certifier you requested will populate here

Request Medical Certification

Certifier Information

Certifier Name:

Facility/Office Name:

First Name: Medical
Middle
Last Certifier
Office: Boone Memorial Hospital

Message: Please complete the Medical Certification for:
Case Id: 46379
Decedent Name: First Trained
Decedent Date of Birth: OCT-01-2024
Date of Death: OCT-01-2024

Click **Save**

- After clicking **Save**, the request is sent to the medical certifier
- If you click on the **Certifier** Page under the Medical Certification Section, you will now see the certifier you requested for medical certification is shown as the medical certifier

Medical Certification
Pronouncement
Cause of Death
Other Factors
Injury
Certifier

Certifier Page 

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

Certifier

Certifier Type

Certifier Name

License Number

First Middle Last Suffix

Title

Certifier Address

Edit Certifier Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="456"/>	<input type="text" value=""/>	<input type="text" value="Some"/>	<input type="text" value="Boulevard"/>	<input type="text" value=""/>	<input type="text" value=""/>
Zip Code	City or Town	State	Country		
<input type="text" value="25130"/>	<input type="text" value="Madison"/>	<input type="text" value="West Virginia"/>	<input type="text" value="United States"/>		

Date Signed 
MMM-dd-yyyy

[Return to Table of Contents](#)

Guide 11: Removing An Override/Updating Information

- Go to the appropriate case and the page the override is on

West Virginia Department of Health - Vital Records TEST SITE
Help Desk # 866-225-2085 Training Resources - Click here

Home Main Order Processing Life Events Queues Reports Forms Help

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/**Cremation Clearance Required**/FIPS Coding Required

Resident Address

Address

Street Number Directional Street Name, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.
123 E 1st Avenue

Zip Code City or Town County State Country
25526 Hurricane Putnam West Virginia United States

Inside City Limits
No

Address

2nd Legal Residence - Probate Use Only - Optional

Street Number Directional Street Name Street Designator Post Directional Apt #, Suite #, etc.
City or Town County State Country

Inside City Limits

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

DR_1558: Decedent's residence address street number cannot be left blank. A valid street number for the decedent's residence address is required. Enter the building number assigned to the decedent's residence. Do not record a rural route number or PO Box number. If the number is unknown, enter 'Unknown'.

- Click **Validate Page** to show the errors and the override
- In the **Validation Results** Box, uncheck the **Checkbox** for the error you want to remove the override from, then click **Save Overrides**

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

DR_1558: Decedent's residence address street number cannot be left blank. A valid street number for the decedent's residence address is required. Enter the building number assigned to the decedent's residence. Do not record a rural route number or PO Box number. If the number is unknown, enter 'Unknown'.

Save Overrides Button

Click the **Checkbox** to uncheck the box

- Update the field you had previously left blank or incomplete.
- Click **Validate Page**
- The field will no longer be highlighted yellow

45364 :Train Training SEP-13-2024

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

Resident Address

Address

Street Number: 123 Pre Directional: E Street Name, Rural Route, etc.: 1st Street Designator: Avenue Post Directional: Apt #, Suite #, etc.:

Zip Code: 25526 City or Town: Hurricane County: Putnam State: West Virginia Country: United States

Inside City Limits: No

Address

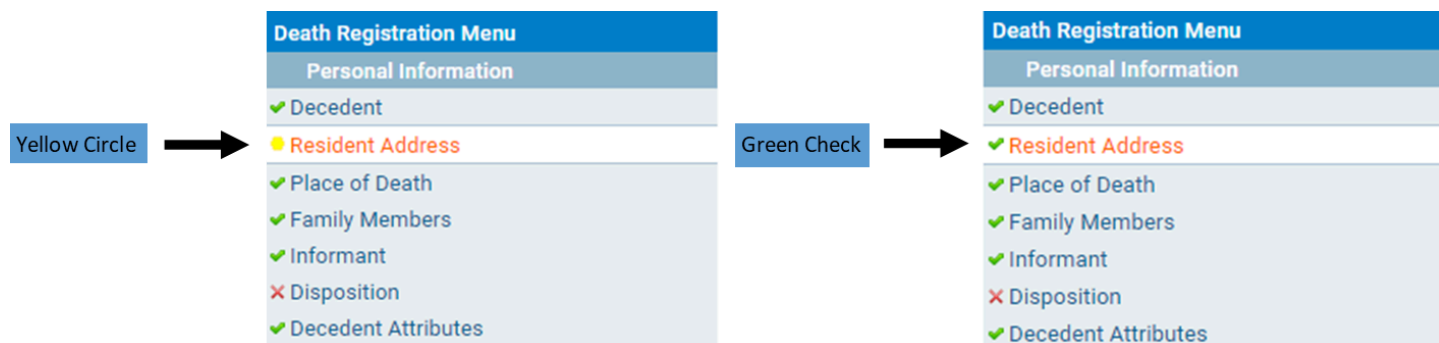
2nd Legal Residence - Probate Use Only - Optional

Street Number: Pre Directional: Street Name: Street Designator: Post Directional: Apt #, Suite #, etc.:

Zip Code: City or Town: County: State: Country:

Inside City Limits:

- The **Death Registration Menu** will update and the page that you updated will now have a green check mark, if the information is valid



Notes

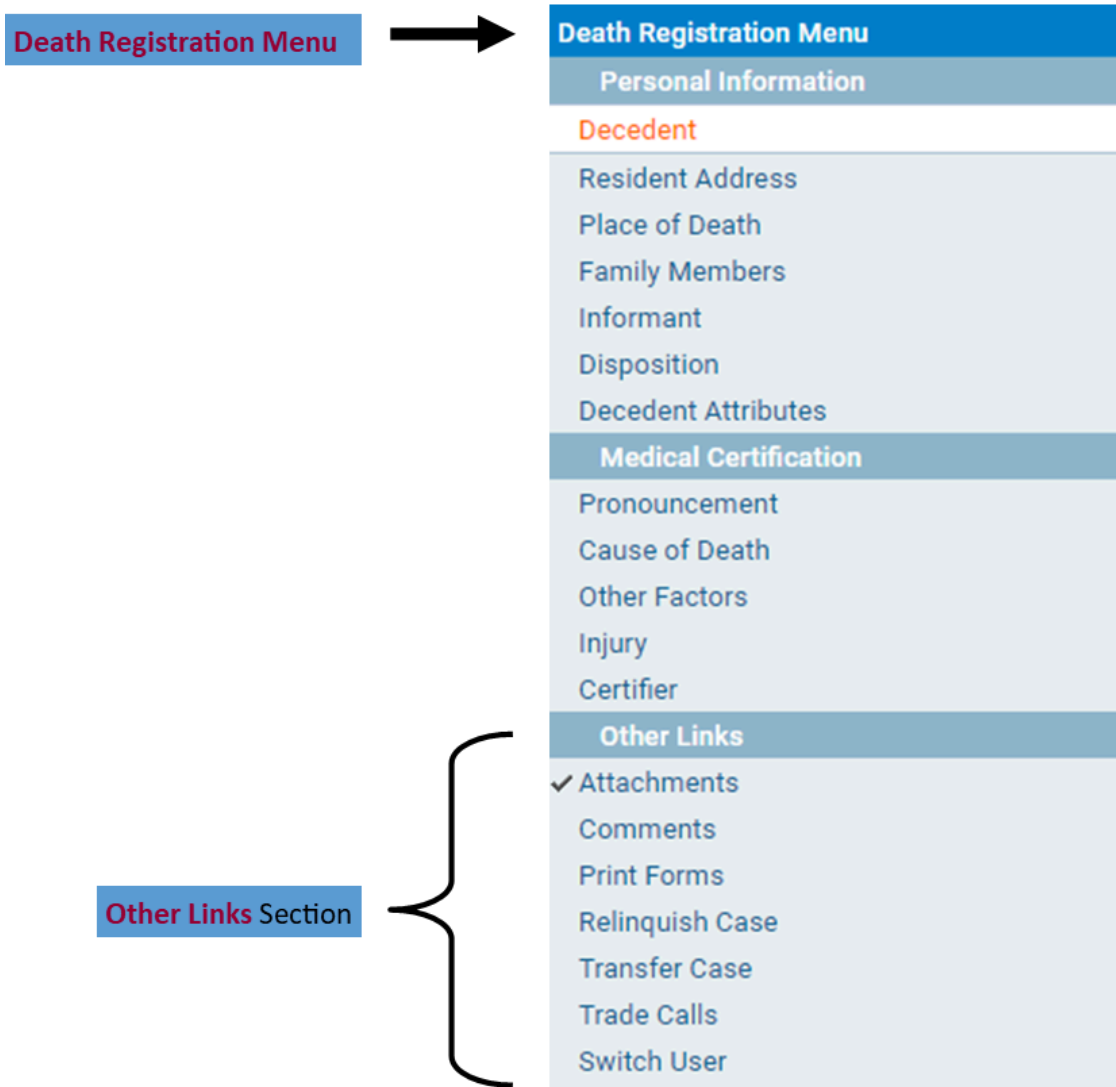
You can only remove an override if you were the person who overrode the rule

Only yellow errors can be overridden

[Return to Table of Contents](#)

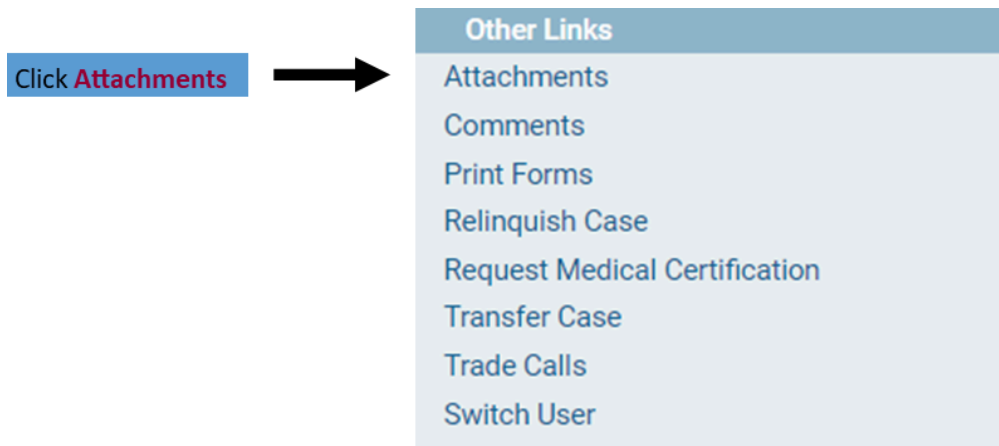
Guide 12: Other Links Section

As a Funeral Director, there are certain pages you will have access to under the **Other Links** Section

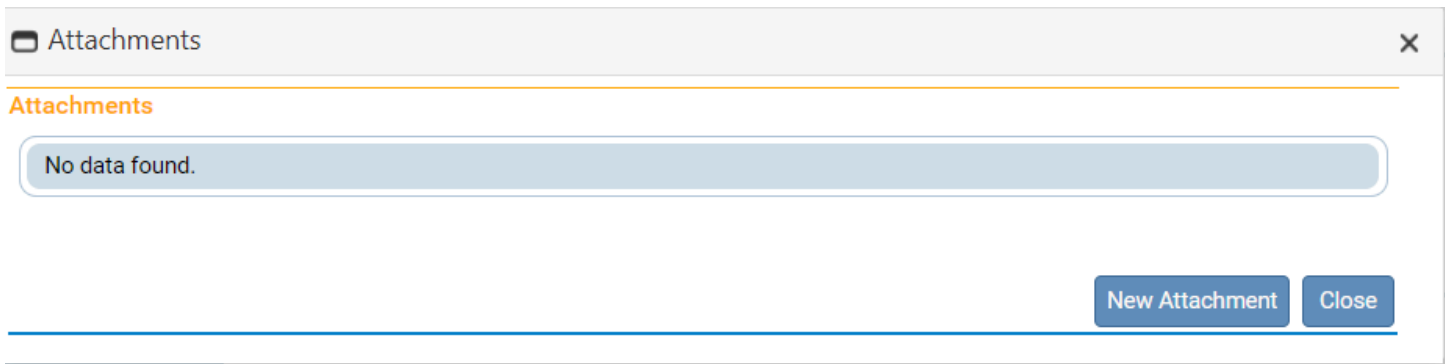


1) Attachments

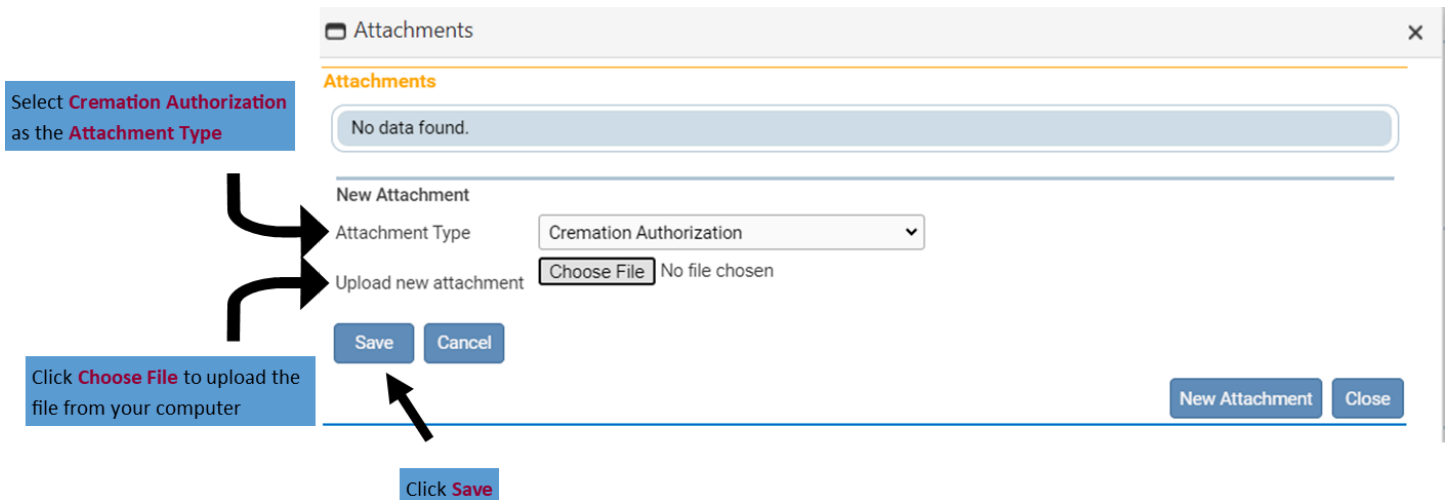
- This is where you will upload the signed **Cremation Authorization Form** for the OCME
- After completing the **Disposition** Page, you must attach a signed **Cremation Authorization Form** by going to:
 - **Death Registration Menu** → **Other Links** → **Attachments**



- Clicking **Attachments** will bring up a window like this



- Click **New Attachment** to add the **Cremation Authorization Form**



- Once you click **Save**, the attachment will upload to the case in WV DAVE and you will see this

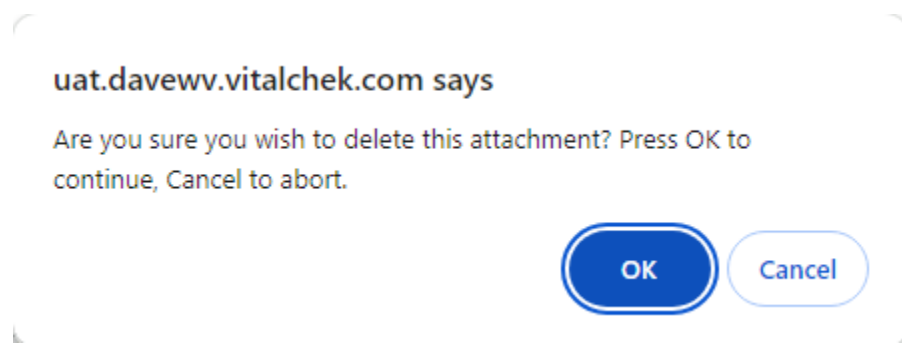
Attachments

Attachment Name	Date Acquired	Attachment Type	
DispositionPermit.pdf	9/16/2024 1:21:44 PM	Cremation Authorization	View Delete

Total Records : 1

[New Attachment](#) [Close](#)

- If you click the **View** Link, you will download what you just uploaded to your computer
- Clicking the **Delete** Link, will bring up this window



- After an attachment has been added to the case, you will see a check mark appear beside **Attachments** under **Other Links**

Other Links
✓ Attachments
Comments
Print Forms
Relinquish Case
Request Medical Certification
Transfer Case
Trade Calls
Switch User

2) Comments

- This is where you can leave/read comments regarding the case

If there are comments on the case, there will be a check mark beside **Comments**



Other Links

- Attachments
- ✓ **Comments**
- Print Forms
- Relinquish Case
- Transfer Case
- Trade Calls
- Switch User

- If there isn't a checkmark beside the **Comments** Page and you click on the **Comments** Page, this is what you will see

Comments [X]

Comments

State File Number:
Registrant Name: Train Training
Event Type: Death
Event Date: SEP-13-2024

No data found.

[New Comment](#) [Close](#)

- If there are comments on a case, you would see this

Comments [X]

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

[New Comment](#) [Close](#)

- To view the comment you can hover your mouse over the comment

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

[New Comment](#) [Close](#)

To read the entire comment, hover your mouse over the comment and a gray window with the full comment will pop up

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial	I am not the Medical Certifier. I am the pronouncer, and I have completed the pronouncement page.	View

[New Comment](#) [Close](#)

- You can also view the comment by clicking the **View** Link on the right side of the comment pop up window

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

[New Comment](#) [Close](#)

- Clicking **View** Link, will bring up this window

Comments ✕

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

Update Existing Comment

Comment Date: 09/19/2024 08:38
Entered By: doctor11
Comment Type:

Comment:

I am not the Medical Certifier. I am the pronouncer, and I have completed the pronouncement page.

Maximum text length: **4000** Characters left: **3903**

- When you are finished viewing the comment, click **Close**
- To add a comment, click on the **Comments** Page

Comments

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

New Comment Close

Click on **New Comment** to add a comment



- Clicking **New Comment** will pop up a window that looks like this

Comments

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

Enter New Comment

Comment Type:

Comment:

Maximum text length: 4000 Characters left: 4000

Save Clear Cancel

New Comment Close

Select **General Comment** for **Comment Type**

After entering your comment, click **Save**

After entering a new comment and clicking save, a window like this will pop up showing all of the comments on the case, including the one you just added

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete
General Comments	09/19/2024 09:44	fundir	Bailey-Kirk Funeral Home	New Comment Test	Edit Delete

You can edit or delete the comment using the **Edit** or **Delete** Link

Click the **Close** Button when you are finished

- You can also tell if a case has a comment after searching for a case using **Search** or **Locate Case**
 - Life Events** → **Death** → **Search** or **Life Events** → **Death** → **Locate Case**

- The search results will pop up and you will see an icon beside the case that indicates the case has a comment or comment(s)

West Virginia Department of Health - Vital Records **TEST SITE**
 Help Desk # 866-225-2085 [Training Resources - Click here](#)

[Main](#)
[Order Processing](#)
[Life Events](#)
[Queues](#)
[Reports](#)
[Forms](#)
[Help](#)

Death Search Results

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45367	Train, New	SEP-17-2024	Female	Boone		Preview

Total Records : 1

[New Search](#)

Comment Indicator Icon



- If you click on the **Comment Indicator** Icon, a window will open up showing all the comments on the case

Comments

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete
General Comments	09/19/2024 09:44	fundir	Bailey-Kirk Funeral Home	New Comment Test	Edit Delete

Total Records : 2

[New Comment](#) [Close](#)

3) Print Forms

- **Print Forms** can be found by going to: **Death Registration Menu** → **Other Links** → **Print Forms**
 - **Print Forms** is where you can print a **Working Copy** of a death certificate
 - Printing a working copy of a death certificate and having the informant/family review it is a good way to make sure information added is accurate and complete



- After clicking on **Print Forms**, this is what you will see

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Print Forms

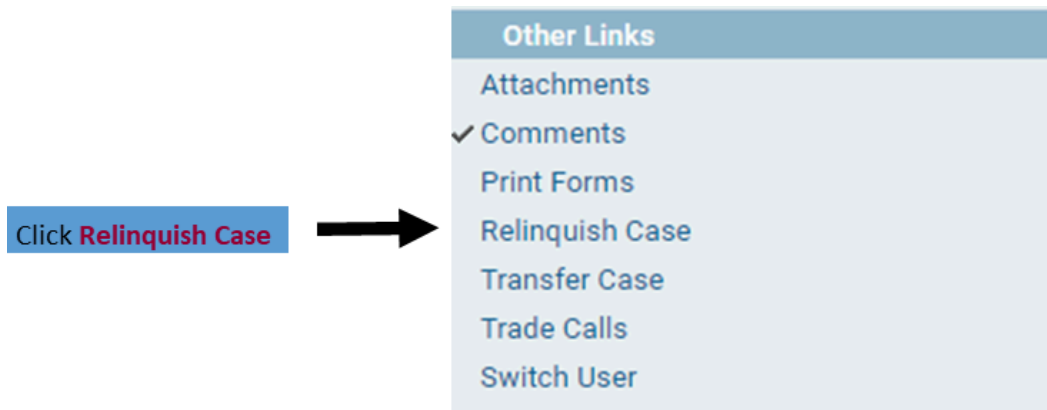
- Delayed Certificate of Death Cannot be printed unless event has a 'registered' status.
- Disposition Permit
- Working Copy *** Print Form missing ***
- Working Copy
- Cremation Clearance Form Must have a paid Cremation Certificate order

[Return](#)

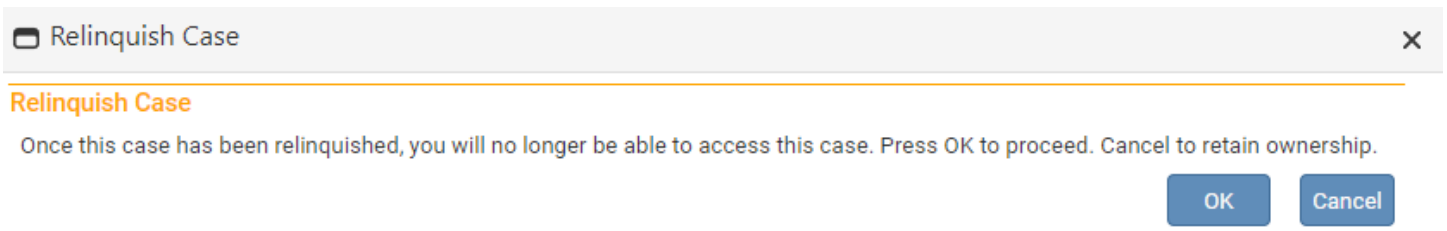
- Click on **Working Copy** to download a working copy to your computer
- In **Print Forms**, you can also print the **Cremation Clearance Form** if cremation is the method of disposition, you have paid, and OCME has approved it
 - Click on **Cremation Clearance Form** to download the form to your computer

4) Relinquish Case

- The ONLY time you would relinquish a case is if you are not the Funeral Home/Director handling the case
- **Relinquish Case** can be found by going to: **Death Registration Menu** → **Other Links** → **Relinquish Case**



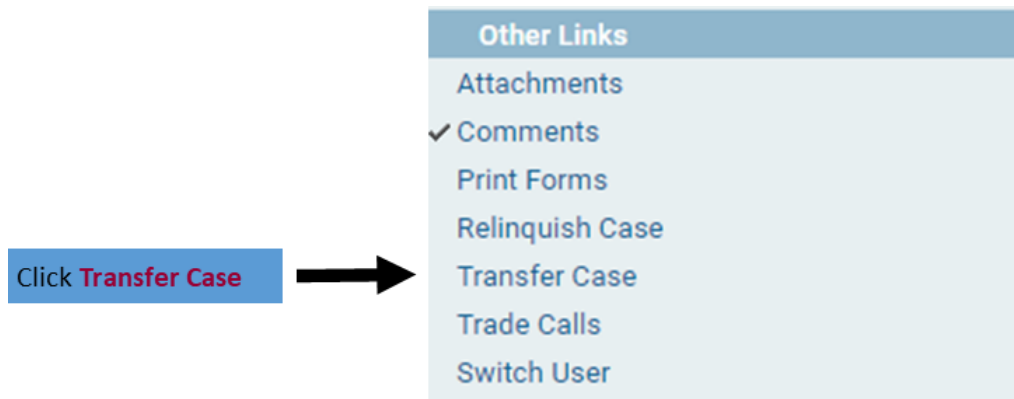
- Clicking **Relinquish Case** will bring up this pop up window



- Click **OK** to relinquish the case and **Cancel** to retain the case
 - Only relinquish the case if you are sure it is not your case

4) Transfer Case

- If you are not the funeral home handling a case, and you know which funeral home is, you can transfer the case to the correct funeral home by going to: **Death Registration Menu** → **Other Links** → **Transfer Case**



- Clicking **Transfer Case** will bring up a window like this

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Transfer Case

Transfer Personal Ownership To:

Bailey-Kirk Funeral Home



Transfer Medical Ownership To:

Boone Memorial Hospital



Message

The following case has been transferred to your facility: Case Id 45367 – New Train, Date of Death: SEP-17-2024 referred by Bailey-Kirk Funeral Home

Clear Save Return

- As a Funeral Home/Director, you can only transfer the **Personal Ownership** of the case
- Use the **Magnifying Glass** Icon to search for the funeral home you are transferring the case to

Magnifying Glass Icon

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Transfer Case

Transfer Personal Ownership To:

Bailey-Kirk Funeral Home



Transfer Medical Ownership To:

Boone Memorial Hospital



Message

The following case has been transferred to your facility: Case Id 45367 – New Train, Date of Death: SEP-17-2024 referred by Bailey-Kirk Funeral Home

Clear Save Return

- Once you click on the **Magnifying Glass** Icon, a search window will pop up that looks like this

Lookup office to transfer personal ownership to ×

Facility Name Search

Cancel

- Enter part of the name of the funeral home and the percent sign (%) and click **Search**

Lookup office to transfer personal ownership to ×

Facility Name Search

Facility Name	Address	City	
Collins Funeral Home, Inc.	1 Route 44	Switzer	select

Total Records : 1

Cancel

% = a wild card
In this example, anything that begins with "Co" will show up in the search

↩ Click **Select** to choose this facility

- After clicking **Select**, you will be brought back to this page

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Transfer Case

Transfer Personal Ownership To:

🔍 🏠

Transfer Medical Ownership To:

🔍 🏠

Message

The following case has been transferred to your facility: Case Id 45367 – New Train, Date of Death: SEP-17-2024 referred by Bailey-Kirk Funeral Home

🏠 Clear 💾 Save ↶ Return

- You will see that the funeral home you are transferring to is now listed in the box for personal ownership



Check the box beside, **Transfer Personal Ownership To**

45367 :New Train SEP-17-2024



/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Transfer Case

Transfer Personal Ownership To:




Collins Funeral Home, Inc.  

Transfer Medical Ownership To:

Boone Memorial Hospital  

Message

The following case has been transferred to your facility: Case Id 45367 – New Train, Date of Death: SEP-17-2024 referred by Bailey-Kirk Funeral Home

 Clear  Save  Return

Then, click **Save**

Note: You have to wait to check the box until after you have entered the funeral home

[Return to Table of Contents](#)

Guide 13: Status Bar

- The **Status Bar** is located at the top of a case and provides information about that case

After a case is registered, there will be a State File Number (SFN) created and that will be seen here

Case ID: 45367, Decedent Name: New Train, Date of Death: SEP-17-2024

Status Bar: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Decedent

Will OCME be responsible for completing personal demographic information at a later date? No

Decedent's Legal Name

First: New, Middle, Last: Train, Suffix

Decedent's Maiden Name

Last

Aliases

Add/Edit Alias Names

Sex: Female, Social Security Number: _____, None, Unknown

Date of Birth: _____, Age: Years, Months, Days, Hours, Minutes, SSN Verification Status: UNVERIFIED (0)

Decedent's Birth Place

City or Town, County, State or US Territory, Country: United States

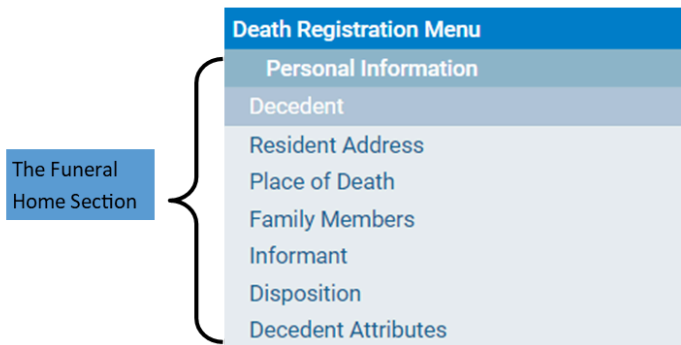
Ever in US Armed Forces?

Validate Page, Next, Clear, Save, Return

- This is a case that was created by the death pronouncer, but hasn't yet been worked on by the funeral director or medical certifier
 - The first status in the **Status Bar** refers to the Funeral Director's Section which is Personal Information

Personal Invalid = Nothing has been entered; some has been entered; or it has been entered but contains "red" errors

Personal Invalid Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested



When the **Status Bar** says **Personal Invalid**, at least 1 page in the Personal Information Section (Funeral Home Section) will have a red x (X)

- You can see in the **Status Bar** that the funeral home has been requested for this case

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/**Funeral Home Requested**

This indicates that someone requested the funeral home to work on this case

- If you, as the Funeral Home handling the case, completed all the pages in the Funeral Home Section or Personal Information Section, but had to override a yellow error, the **Status Bar** would say **Personal Valid with Exceptions**

Personal Valid With Exceptions = Everything has been entered, and at least 1 yellow error exists

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Medical Certification Requested/Signature Required/FIPS Coding Required

The Funeral Home Section

Death Registration Menu	
Personal Information	
✓	Decedent
●	Resident Address
✓	Place of Death
✓	Family Members
✓	Informant
✓	Disposition
✓	Decedent Attributes
Sign	

When the **Status Bar** says **Personal Invalid With Exceptions**, all pages are complete, and at least 1 page in the Personal Information Section (Funeral Home Section) has a yellow error which has to be overridden. There will be a yellow circle beside the page with the yellow error

The **Sign** Page will populate. This is where the Funeral Director will affirm/sign the case.

To affirm/sign the case, click on the **Sign** Page to bring up the **Affirmations** Page. Check the checkbox and click **Affirm**.

45370 :Train Trainer SEP-19-2024

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Medical Pending/Medical Certification Requested/Signature Required/FIPS Coding Required

Affirmations

Check the Checkbox

Affirm the following.

I affirm that, to the best of my knowledge, the personal information stated on this record is correct as provided by the informant and is submitted for filing to the State Office.

Affirm Clear Return

Click **Affirm** Button

- If you, as the Funeral Home handling the case completed all the pages in the Funeral Home Section or Personal Information Section, and had no errors, the **Status Bar** would say **Personal Valid**

Personal Valid = Everything has been entered and validated by the system

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

When the **Status Bar** says **Personal Valid**, all the pages in the Personal Information Section (Funeral Home Section) will have a green checkmark beside the pages

The Funeral Home Section

- Death Registration Menu**
- Personal Information
 - ✔ Decedent
 - ✔ Resident Address
 - ✔ Place of Death
 - ✔ Family Members
 - ✔ Informant
 - ✔ Disposition
 - ✔ Decedent Attributes
 - Sign

The **Sign** Page will populate. This is where the Funeral Director will affirm/sign the case.

To affirm/sign the case, click on the **Sign** Page to bring up the **Affirmations** Page. Check the checkbox and click **Affirm**.

45370 :Train Trainer SEP-19-2024

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

Affirmations

Affirm the following:

Check the Checkbox

I affirm that, to the best of my knowledge, the personal information stated on this record is correct as provided by the informant and is submitted for filing to the State Office.

Affirm Clear Return

Click **Affirm** Button

- After you have affirmed/signed a case, the **Status Bar** will go from unsigned to signed

Signed = The Funeral Director Section is complete

45370 :Train Trainer SEP-19-2024

Personal Valid With Exceptions / Medical Invalid / Not Registered / **Signed** / Uncertified / NA / Medical Pending / Medical Certification Requested / FIPS Coding Required

Affirmations

Authentication successful.

Clear Return

Ready to be signed/ affirmed by Funeral Director

A case will either be signed or unsigned. Unsigned means the Funeral Director hasn't signed the case, but you can tell the case is ready to be signed because of the first status in the **Status Bar**

/ **Personal Valid With Exceptions** / Medical Invalid / Not Registered / Unsigned / Uncertified / NA / Medical Pending / Medical Certification Requested / Signature Required / FIPS Coding Required

[Return to Table of Contents](#)

Guide 14: Making Changes to a Case & Creating Amendments

1) Making Changes to a Case

- If a case has not been registered, you can make a change without submitting an amendment
 - If the case doesn't have a **State File Number (SFN)** when you look up a case, that means it is not registered

State File Number (SFN) means a case is registered by the State Office

Death Search Results

Case Id	SFN	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45318		Test, Test	MAY-30-2024	Male			
45320		Test, Test	MAY-30-2024	Male	Boone		
45321	2024000016	Test, Test	MAY-30-2024	Male	Boone	MAY-30-1980	
45327	2024000018	Test, Test	JUN-21-2024	Male			
45270		Test, Test	FEB-22-2024	Male			
44881		Test, Test	NOV-02-2022	Male	Boone		
45234		Test, Test	JAN-30-2024	Male			
45232		Test, Test	JAN-29-2024	Male	Boone	SEP-19-1980	
16436		Test, Test	JUN-10-2022	Male			
44853		Test, Test	SEP-21-2022	Male			

First 1 2 3 4 5 6 7 8 Last

Total Records : 73

New Search

These cases are registered

- The **SFN** is also located at the top of a case, and you can tell by the **Status Bar** whether a case is registered or not

State File Number (SFN)

Status Bar

45321 2024000016 :Test Test MAY-30-2024
/Personal Valid With Exceptions/Medical Valid Registered NA/NA/NA

- If you haven't affirmed/signed a case, you can make any changes
- Once you have affirmed/signed a case, you will need to **Unsign** the case to make changes to the Personal Information Section
 - To **Unsign** a case, go to the appropriate case, and click on the **Sign** Page



- Clicking on the **Sign** Page, will bring you to this page

45370 :Train Trainer SEP-19-2024

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Medical Certification Requested/FIPS Coding Required

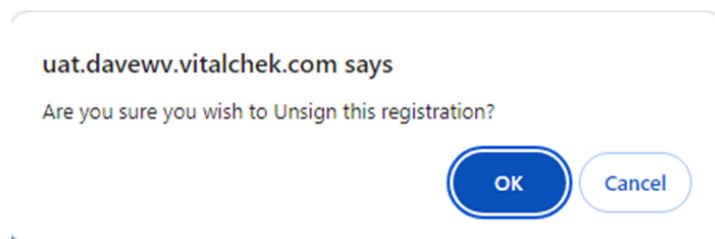
Affirmations

This registration is currently signed.

Unsign Clear Return

Click Unsign

Clicking **Unsign** will bring up this window. Click **OK** to unsign the case so you can make the necessary changes/updates to the case



- After clicking **OK**, you will see that the case is unsigned

45370 :Train Trainer SEP-19-2024

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

Affirmations

This registration has been unsigned.

Clear Return

- After making the changes to the case, be sure to validate the changes and sign/affirm the case again

2) Amendments

- For a case that has been registered for less than a year, you have to create an amendment to make changes
 - To make an amendment, go to the appropriate case and click the **Amendment List** Page under the **Registrar** Section
 - The **Registrar** Section will appear once the case is registered

The screenshot shows a web interface for death registration. On the left is a 'Death Registration Menu' with categories: Personal Information, Medical Certification, Registrar, and Other Links. The 'Registrar' category is expanded, showing 'Amendment List' as the selected option. A blue box with the text 'Click Amendment List Page' and an arrow points to this option. The main content area shows a form for case 45339 2024000020 :Joe Test AUG-28-2024. The form includes sections for Decedent's Legal Name (First, Middle, Last, Suffix), Decedent's Maiden Name (Last), Aliases (Add/Edit Alias Names), Sex (Male), Social Security Number (123-45-6789), Date of Birth (JAN-01-1970), Age (54), and Decedent's Birth Place (City or Town: Portland, County, State or US Territory: Oregon, Country: United States). At the bottom right are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

- Clicking the **Amendment List** Page will bring you to this screen

The screenshot shows the 'Amendment List' page for the same case. The page title is '45339 2024000020 :Joe Test AUG-28-2024'. Below the title is a search bar. At the bottom right of the page are two buttons: 'New Amendment' and 'Return'.

- Click **New Amendment** and you will be brought to this screen

45339 2024000020 :Joe Test AUG-28-2024

/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/NA/NA/NA

Amendment Page

Type	<input type="text" value=""/>	Amendment Date	
Year		Amendment Number	
Order Number	<input type="text" value=""/>	Description	<input type="text" value=""/>
Amendment Status			

- Here you will need to select the **Amendment Type**
 - For Funeral Directors the only option is **Medical <1 Year**
- After selecting **Medical <1 Year**, click **Save** to be taken to the next page

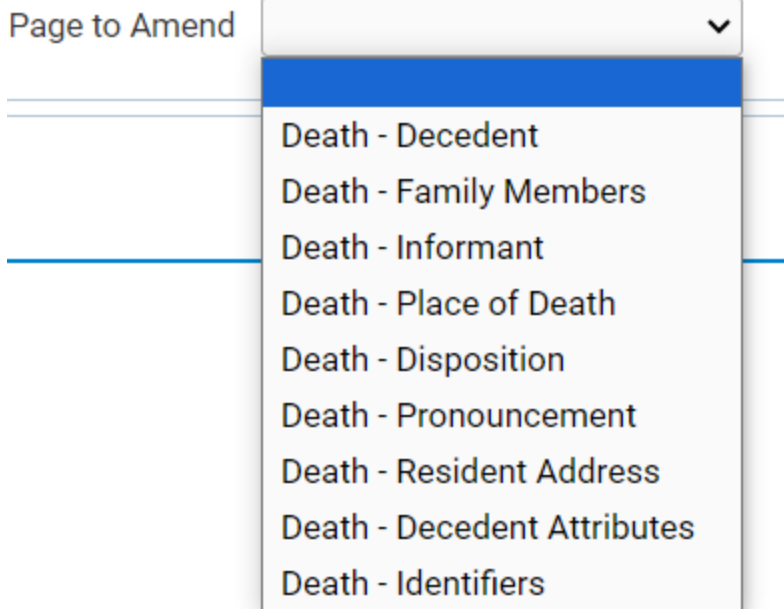
46379 2024000025 :First Trained OCT-01-2024

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA

Amendment Page

Type	<input type="text" value="Medical < 1 Year"/>	Amendment Date	<input type="text" value="OCT-04-2024"/>
Year	2024	Amendment Number	5283
Order Number	<input type="text" value=""/>	Description	<input type="text" value=""/>
Amendment Status	Keyed (Requires Affirmation)		
Page to Amend	<input type="text" value=""/>		

- For the **Page to Amend** field, you have the option to choose any of the pages in the Medical Certification Section



- After you click the page you need to amend, you will see a screen like this

Amendments Menu	16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ICD Coding Required				
Amendment	Amendment Page				
Attachments	Type	Personal	Amendment Date	SEP-20-2024	
Amendment Affirmation	Year	2024	Amendment Number	4288	MMM-dd-yyyy
Death Registration Menu	Order Number		Description		
Personal Information	Amendment Status	Keyed (Requires Affirmation)			
Decedent	Page to Amend	Death - Decedent			
Resident Address	<hr/>				
Place of Death	Decedent				
Family Members	Will OCME be responsible for completing personal demographic information at a later date? No				
Informant	Decedent's Legal Name				
Disposition	First	Middle	Last	Suffix	
Decedent Attributes	Injury	Cause	Test		
Medical Certification	Aliases				
Pronouncement	Add/Edit Alias Names				
Cause of Death	Sex	Social Security Number			
Other Factors	Male	123-45-6789	None Unknown		
Injury	Date of Birth	Age	Under 1 Year	Under 1 Day	
Certifier	JAN-01-2000	22	Months	Days	Hours Minutes
Registrar	SSN Verification Status UNVERIFIED (0)				
Amendment List	Decedent's Birth Place				
Other Links	City or Town	County	State or US Territory	Country	
Amendments	Charleston	Kanawha	West Virginia	United States	
Attachments	Ever in US Armed Forces? No				
Comments	<hr/>				
Print Forms	<input type="button" value="Cancel Amendment"/> <input type="button" value="Validate Page"/> <input type="button" value="Validate Amendment"/> <input type="button" value="Save"/> <input type="button" value="Clear"/> <input type="button" value="Return"/>				
Trade Calls					
Switch User					

- You will see an **Amendments Menu** has also been added to the **Death Registration Menu** on the left

- After you make the change, click **Save** and your change will be brought up for review

Amendments Menu

- Amendments Menu
- Amendment
- Attachments
- Amendment Affirmation

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Place of Death
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
- Pronouncement
- Cause of Death
- Other Factors
- Injury
- Certifier
- Registrar
- Amendment List
- Other Links
- Amendments
- Attachments
- Comments
- Print Forms
- Trade Calls
- Switch User

16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists
/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ICD Coding Required

Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Type: Personal Amendment Date: SEP-20-2024
Year: 2024 Amendment Number: 4288
Order Number: Description: Updated Date of Birth
Amendment Status: Keyed (Requires Affirmation)
Page to Amend:

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Decedent-Date of Birth	JAN-01-2000	JAN-02-2000	Edit	Delete

Buttons: Cancel Amendment, Validate Amendment, Save, Clear, Return

- Click the **Edit** Link or **Delete** Link if you realize you made a mistake and need to edit your amendment or delete it

Amendments Menu

- Amendment
- Attachments
- Amendment Affirmation

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Place of Death
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
- Pronouncement
- Cause of Death
- Other Factors
- Injury
- Certifier
- Registrar
- Amendment List
- Other Links
- Amendments
- Attachments
- Comments
- Print Forms
- Trade Calls
- Switch User

16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists
/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ICD Coding Required

Amendment Page

The Amendment has not been affirmed. Please select Amendment Affirmation to Affirm the amendment.

Type: Personal Amendment Date: SEP-20-2024
Year: 2024 Amendment Number: 4288
Order Number: Description:
Amendment Status: Keyed (Requires Affirmation)
Page to Amend:

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Decedent-Date of Birth	JAN-01-2000	JAN-02-2000	Edit	Delete

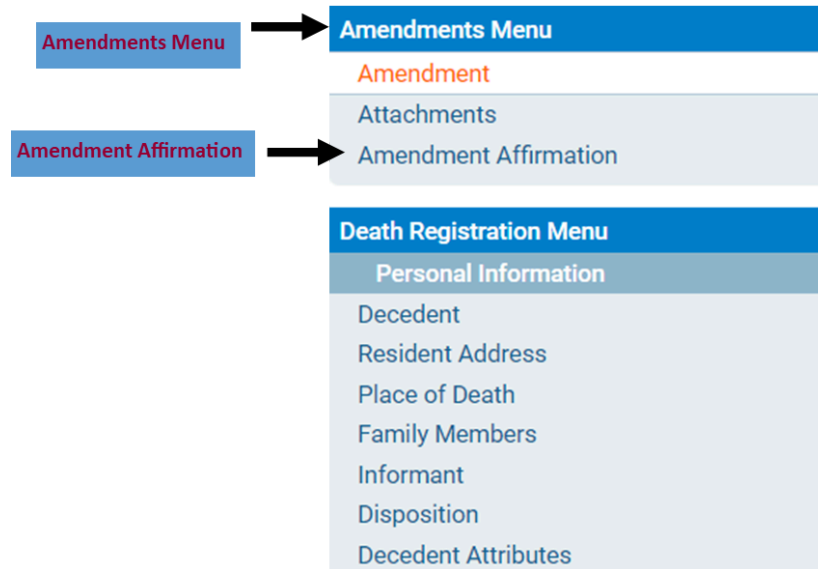
Buttons: Cancel Amendment, Validate Amendment, Save, Clear, Return

If you need to change the amendment you just made, click the **Edit** Link

Click the **Delete** Link to delete the amendment

- If you need to make another change on a different page, choose a different **Page to Amend**

- That will bring up the next page you wish to amend
- You can make multiple changes under one amendment so you don't have to go in and create a new amendment for each change
 - Be sure to click **Save** after each page you amend
- Once you are finished making changes and you have reviewed them for accuracy, go to the **Amendments Menu** to the left and click on **Amendment Affirmation**



- Clicking **Amendment Affirmation** will bring you to this page

The screenshot shows the 'Amendment Affirmation' page. On the left, a navigation menu has 'Amendment Affirmation' highlighted in orange. The main content area displays the title '16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists' and a section for 'Affirmations' with the text 'Affirm the following:'. Below this is a checkbox and the text: 'The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts'. At the bottom right, there are buttons for 'Affirm', 'Clear', and 'Return'. A blue box labeled 'Click the **Checkbox**' points to the checkbox, and another blue box labeled 'Then click **Affirm**' points to the 'Affirm' button.

- If you have multiple changes, you will have multiple checkboxes to click

16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists

/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ICD Coding Required

Affirmations

Affirm the following:

- The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts
- I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. I affirm that this medical information is submitted for inclusion on the death record

[Affirm](#) [Clear](#) [Return](#)

- Once you have clicked **Affirm**, you will see this screen

16430 2022008906 :Injury Cause Test JUN-01-2022 Amendment Exists

/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ICD Coding Required

Affirmations

Authentication successful.

[Clear](#) [Return](#)

- The State Office will have to approve the amendment
- Once it is approved you will receive a message in WV DAVE and an email to the email address you entered when setting up your user account in WV DAVE

WV DAVE message stating the amendment has been approved

Messages

[Send Message](#) [Mark as Read](#) [Remove from List](#)

From	Subject	Message	Date Sent	
Sabrina McClure	Case 16430 Amendment Approved	The amendment submitted for: 16430: ; Injury Cause Test, Event Date: JUN-01-2022 has been Approved.	9/20/2024 1:18:12 PM	<input type="checkbox"/>
Sabrina McClure	Case 16430 Amendment Approved	The amendment submitted for: 16430: ; Injury Cause Test, Event Date: JUN-01-2022 has been Approved.	9/20/2024 1:17:34 PM	<input type="checkbox"/>

Clicking on these link will take you directly to the case

- When receiving a message in WV DAVE, you can click the **Case ID** Link or **Decedent Name** Link to go directly to that case

Case 16430 Amendment Approved Inbox x



wvdavenoreply@wv.gov

1:17 PM (10 minutes ago)



Funeral Director

The amendment submitted for: 16430: ; Injury Cause Test, Event Date: JUN-01-2022 has been Approved.

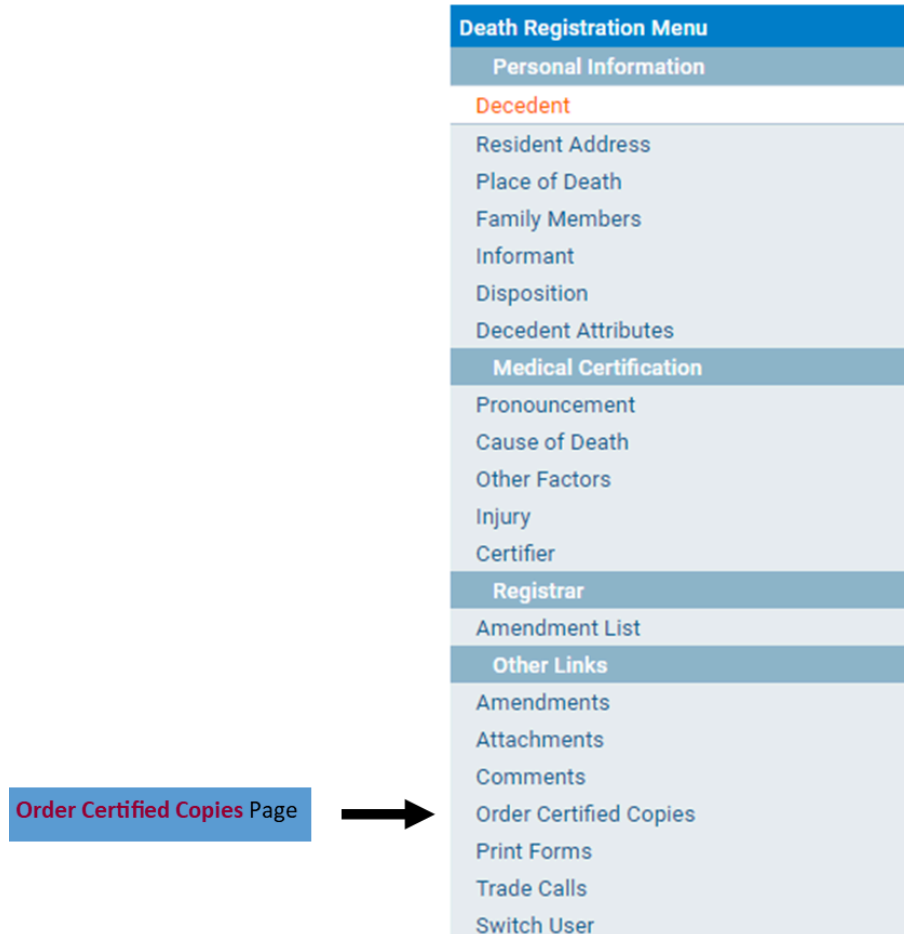
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[Return to Table of Contents](#)

Guide 15: Placing an order for death certificates

Once a case has been registered, you will be able to order certified copies

- 1) Go to the case you need to order copies for and click on the **Order Certified Copies** Page under **Other Links**



- Clicking on the **Order Certified Copies** Page will bring you to this screen
 - Every time you click on this link a new order is created in WV DAVE
 - Only click this link if you are needing to submit a NEW order

Order Processing Menu

- Order Processing Menu
- Applicant
- Services
- Payments
- Summary
- Switch User

20241000003 :Bailey-Kirk Funeral Home

/Keyed/Incomplete

Applicant

Applicant: Person Organization Expedite Order

Organization

Name: Bailey-Kirk Funeral Home

Address

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apartment Number
1612	▼	Honaker	Avenue	▼	
Zip Code	City or Town	State	Country		
24740	Princeton	West Virginia	United States		

Contact Information

Attention:

Phone Number: -- Alternate Number: -- Fax Number: --

Email:

Shipping Information Same as Applicant?

- The applicant field will automatically be populated with the funeral home the case was completed by

Applicant

Applicant: Person Organization Expedite Order

Organization

Name:

Address

Street Number	Pre Directional	Street Name	Street Designator	Post Directional	Apartment Number
<input type="text" value="1612"/>	<input type="text" value="v"/>	<input type="text" value="Honaker"/>	<input type="text" value="Avenue"/>	<input type="text" value="v"/>	<input type="text"/>
Zip Code	City or Town	State	Country		
<input type="text" value="24740"/>	<input type="text" value="Princeton"/>	<input type="text" value="West Virginia"/>	<input type="text" value="United States"/>		

Contact Information

Attention:

Phone Number: Alternate Number: Fax Number:

Email:

Shipping Information Same as Applicant?



If the Death Certified Copy needs to be emailed somewhere besides your office, uncheck this box and you will be able to enter shipping information

- If you **Uncheck** the checkbox for **Shipping Information Same as Applicant** the following fields will pop up for you to enter shipping information

Shipping Information Same as Applicant?

Shipping Information

Name

Name Unknown

Prefix First Middle Last Suffix

Address

Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number
Zip Code City or Town State Country

Contact Information

Attention:
Phone Number: Alternate Number: Fax Number:
Email:

- Click **Save**
- Then click **Next** to bring you to the **Services** Page in the **Order Processing Menu**
- On the **Services** Page, click **Add Service** to order certified copies

Order Processing Menu

20241000003 :Bailey-Kirk Funeral Home
/Order Invalid/Incomplete/No Services

Services

Source: Received Date: Fee Effective Date:
Will this order be paid for by Credit Card?

1
Name: New Trainee
Applicant Relationship to Registrant: **Funeral Home**
Currently there are no services for this event request. Please click Add Service to add a service.

- Clicking **Add Service** will bring you to this screen

Services

Source ▶ Internet Funeral Home ▼

Received Date OCT-16-2024 
MMM-dd-yyyyFee Effective Date OCT-16-2024 
MMM-dd-yyyyWill this order be paid for by Credit Card? **1**

Name: New Trainee

Applicant Relationship to Registrant: **Funeral Home**

▶ Service [Dropdown]	▶ Quantity [Input]	▶ Priority [Dropdown]	▶ Delivery [Dropdown]
Request Reason [Dropdown]	Other Specify [Input]		
			[Save] [Cancel]

Add Service

[Save] [Previous] [Next] [Return]

- Required fields will have a red arrow indicator beside of the field name
- For **Service**, you would select **Death Certified Copy** to order death certificates

▶ Service

[Dropdown]

Cremation Permit

Death Certified Copy

Death Certified Copy COD Pending

Death Veterans Affairs Copy

- Next enter the **Quantity** you need to order
- The only option available for **Priority** is **Regular**
- The only option for **Delivery** is **Mail**

▶ Priority

[Dropdown]

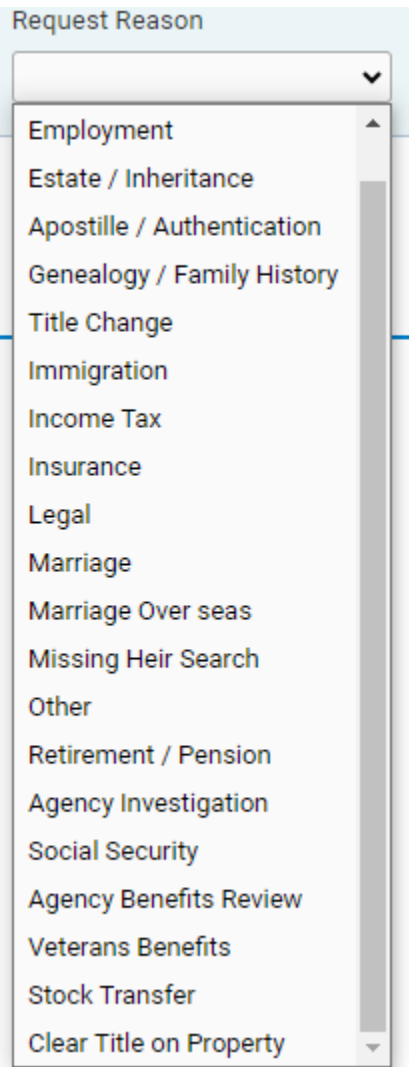
Regular

▶ Delivery

[Dropdown]

MAIL

- Request Reason isn't required, but you can select a reason out of these options



- Then click the **Save** Button

Services

Source Internet Funeral Home ▾

Received Date OCT-16-2024
 MMM-dd-yyyy

Fee Effective Date OCT-16-2024
 MMM-dd-yyyy

Will this order be paid for by Credit Card?

1

Name: New Trainee

Applicant Relationship to Registrant: **Funeral Home**

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Death Certified Copy	2	Regular	MAIL			\$24.00 Edit Reverse

Add Service

Save
Previous
Next
Return

- You can add other services (for example: order a Veterans Affairs copy) in one order
- When you have added all of the services you need, click **Next** to go to the **Payments** Page
-

Order Processing Menu

- Applicant
- Services
- Payments
- X Summary
- Switch User

20241000003 :Bailey-Kirk Funeral Home
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: OCT-16-2024 Fee Effective Date: OCT-16-2024

WV E-PAY

SubTotal: \$24.00

Total: = \$24.00

Paid: = \$0.00

Balance: = \$24.00

Change Due: \$0.00

Edit Payer
Previous
Next
Return

- Click **WV E-Pay** to complete payment information

Order Processing Menu 20241000003 :Bailey-Kirk Funeral Home
/Order Invalid/Incomplete/Insufficient Funds

Applicant Services
Payments
Summary Switch User

Payments
Received Date: OCT-16-2024 Fee Effective Date: OCT-16-2024

SubTotal: \$24.00
Total: = \$24.00
Paid: \$0.00
Balance: = \$24.00
Change Due: \$0.00

WV E-PAY

Click **WV E-PAY** to complete payment information

Edit Payer Previous Next Return

Clicking **WV E-Pay** will bring up this pop up window

uat.davewv.vitalchek.com says

Redirecting to WV E-Pay system, please ensure you click Continue after you have completed your payment

OK Cancel

Click **OK**

- Clicking **OK** will take you to the State Treasurer's Office to complete payment information

Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

Credit Card

Check

Payment Amount: \$12.00

Company:

First Name:

Last Name:

Outside of US

Address:

City:

State: WV

Zip Code:

Phone:

Email:

Cancel

- If you are paying with a credit card, select **Credit Card** and enter the required information

Select **Credit Card** if you are paying with a credit card



Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

Credit Card

Check

Payment Amount: \$12.00

Company:

First Name:

Last Name:

Outside of US

Address:

City:

State: WV

Zip Code:

Phone:

Email:

I understand that my billing statement will say WV State Treasury.

Cancel

Enter the required information outlined in red

Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

- Credit Card
 Check

Payment Amount: \$12.00

Company:

First Name:

Last Name:

Outside of US

Address:

City:

State:

Zip Code:

Phone:

Email:

I understand that my billing statement will say WV State Treasury.

Card Holder Name: If different than above



Card Number

Expiration Date

CVV

After entering the required information, check the box and the fields to enter your credit card information will pop up



Enter the credit card information, then click **Pay**



- After clicking pay, you will be brought to this page

Print this confirmation
for your records

[Print](#) [Continue](#)

Click Continue and you
will be taken back to
WV DAVE

Payment Successful

Confirmation Number: 20241024100190
Amount Charged: \$24.00
Name: Test Test
Address: 1612 Honaker Avenue
Princeton WV 24740
Email: NoOne@NoWhere.com
Phone: 3045582931
Card Holder Name: [REDACTED]

Your billing statement will say WV State Treasury
Please Print this page for your records

[Print](#) [Continue](#)

- If you are paying with a check, click **Check** and enter the required information

Select **Check** if you are paying with a check



Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

- Credit Card
- Check

Payment Amount: \$12.00

Company:

First Name:

Last Name:

Outside of US

Address:

City:

State: WV

Zip Code:

Phone:

Email:

I understand that my billing statement will say West Virginia State Treasurer.

Enter the required information outlined in red

Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

- Credit Card
 Check

Payment Amount: \$12.00

Company:

First Name:

Last Name:

Outside of US

Address:

City:

State: WV

Zip Code:

Phone:

Email:

I understand that my billing statement will say West Virginia State Treasurer.

Only Checking Accounts are accepted

After entering the required information, check the box and the fields to enter your bank account information will pop up



Enter the bank account information, then click **Pay**



Note: Make sure you enter the account information in the correct fields

- After you click **Pay**, you will receive a payment confirmation

Print this confirmation
for your records



Print

Continue



Click **Continue** and you
will be taken back to
WV DAVE

Payment Successful

Your billing statement will say WV State Treasury
Please Print this page for your records

Print

Continue

- After clicking Continue, you will see this screen

Under Status you will see either Approved or Unknown
 Approved means the payment was approved
 Unknown means there was a problem with payment

Order Processing Menu 20241000003 :Bailey-Kirk Funeral Home
 /Order Valid/Incomplete

Payments
 Received Date: OCT-16-2024 Fee Effective Date: OCT-16-2024

Credit

Payment Date	User	Card Number	Exp Date	CVC	Auth Code	AVS	Status	Amount
OCT-24-2024	sysadmin						Approved	\$24.00

SubTotal: \$24.00
Total: = \$24.00
Paid: \$24.00
Balance: = \$0.00
Change Due: \$0.00

[Edit Payer](#) [Previous](#) [Next](#) [Return](#)

Click Next

- Click, **Next** to go to the order summary
- After reviewing the order and ensuring it for accuracy, click **Submit Order** to submit the order for processing

Order Processing Menu 20241000003 :Bailey-Kirk Funeral Home
 /Order Valid/Incomplete

Order Summary

Source: Internet Funeral Home ProCheck / ProID Status:
 Received Date: OCT-16-2024 Fee Effective Date: OCT-16-2024
 Completed Date:

Applicant Information				Payment Information		
Name:	Bailey-Kirk Funeral Home			Type	Amount	User
Address:	1612 Honaker Avenue Princeton, West Virginia 24740			Credit/Debit Card	\$24.00	Internal Administrator
Attention:				Paid:	\$24.00	
Phone:				Due:	\$24.00	
Email:	NoOne@NoWhere.com			Balance:	\$0.00	

[Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

Event Requested
 Event Type: Death
 Relation: Funeral Home
 Status: /Personal Valid/Medical Valid/Registered/Signed/Certified
 Comments:

Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
New Trainee	Yes	0		Death Certified Copy	2	Regular	MAIL	\$24.00 Issue
				Death Veterans Affairs Copy	1	Regular	MAIL	\$0.00 Issue

[New Order](#) [Copy to New](#) [Submit Order](#) [Void](#) [Issuance History](#) [Previous](#) [Return](#)

Click Receipt to print a receipt for your records

Click Submit Order to submit the order to the State Office for processing

- Clicking the **Receipt** Link will allow you to download and save/print a copy of the receipt for your records

Saving this receipt is important so you will have the order number to search for this order if you need to check the status



Order Receipt

West Virginia Department of Health and Human Resources

West Virginia Vital Registration
350 Capitol Street Room 165, Charleston, WV 25301

Order Number: 20241000003

Applicant: Bailey-Kirk Funeral Home

FD

Order Date: 10/16/2024 03:14

Ship To:

Bailey-Kirk Funeral Home
1612 Honaker Avenue
Princeton, WV 24740

Order Number: 20241000003
Applicant: Bailey-Kirk Funeral Home
Payer: Bailey-Kirk Funeral Home
1612 Honaker Avenue
Princeton, WV 24740

Order Date: 10/16/2024 3:14
Payment Type: Credit Card

Qty	Service	Name	Delivery	Total Amount
2	Death Certified Copy	New Trainee	MAIL	\$ 24.00
1	Death Veterans Affairs Copy	New Trainee	MAIL	\$ 0.00
Sub-Total				\$ 24.00
Waived				\$ 0.00
Shipping & Handling				\$ 0.00
Due				\$ 24.00
Paid				\$ 24.00
Refund				\$ 0.00
Balance				\$ 0.00

- After clicking **Submit Order** you will be taken back to the case

2) Locating an order you have already placed or checking on an order

- Go to the **Order Processing** Tab and click **Search**

West Virginia Department of Health - Vital Records **TEST SITE**
 Help Desk # 866-225-2085 [Training Resources - Click here](#)

🏠 Main
🛒 Order Processing
👤 Life Events
☰ Queues
📄 Reports
📄 Forms
🔍 Help

Search

- Clicking **Search** will bring you to this page

Search for an order

Search By Order



Order Number:

VPS Order Number:

Security Paper Number:

Tracking Number:

Check/Money Order Number:

Received between  and 
MMM-dd-yyyy MMM-dd-yyyy

Search by Event Requested

First Name:

Last Name:

Search by Applicant

Organization Name:

First Name:

Last Name:

Phone:

Search by Matched Event

Event Type:

Search Criteria 1:

Value 1:

Search Criteria 2:

Value 2:

Maximum records to display:

- Here you will enter the order number from the receipt you saved/printed off when you placed the order
 - You can also search using other criteria, but using the order number is the most efficient way to locate the correct order

Enter the **Order Number** from your receipt in the field for order number

Search for an order

Search By Order

Order Number:

VPS Order Number:

Security Paper Number:

Tracking Number:

Check/Money Order Number:

Received between and

Search by Event Requested

First Name:

Last Name:

Search by Applicant

Organization Name:

First Name:

Last Name:

Phone:

Search by Matched Event

Event Type:

Search Criteria 1:

Value 1:

Search Criteria 2:

Value 2:

Maximum records to display:

Then click **Search**

- Clicking **Search** will bring you to this page

Click on the **Order Number** Link to view the order

Results

Order Number	Date Received	Applicant Name	Event Type	SFN	Registrant Name
20241000003	OCT-16-2024	Bailey-Kirk Funeral Home	Death	2024000023	New Trainee

Total Records : 1

New Search

Clicking the **Order Number** Link will bring up the **Order Summary**

Order Processing Menu

- Applicant
- Services
- Payments
- Summary
- Switch User

20241000003 :Bailey-Kirk Funeral Home
/Order Valid/Incomplete

Order Status Bar

Order Summary

Source: Internet Funeral Home
Received Date: OCT-16-2024
Completed Date:

ProCheck / ProID Status:
Fee Effective Date: OCT-16-2024

Applicant Information

Name: Bailey-Kirk Funeral Home
Address: 1612 Honaker Avenue
Princeton, West Virginia 24740
Attention:
Phone:
Email: NoOne@NoWhere.com

Payment Information

Type	Amount	User
Credit/Debit Card	\$24.00	Internal Administrator
Paid:	\$24.00	
Due:	\$24.00	
Balance:	\$0.00	

Event Requested

Event Type: Death
Relation: Funeral Home
Amend Receipt Mailing Envelope Mailing Label

Case Status Bar

Status: /Personal Valid/Medical Valid/Registered/Signed/Certified

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
New Trainee	Yes	0	

Services

Service Name	Quantity	Priority	Delivery	Fee	
Death Certified Copy	2	Regular	MAIL	\$24.00	Issue
Death Veterans Affairs Copy	1	Regular	MAIL	\$0.00	Issue

New Order

Copy to New

Submit Order

Void

Issuance History

Previous

Return

- The **Status Bar** at the top will tell you the status of the order

Keyed = An Order was started, but not finished

20241000005 :Bailey-Kirk Funeral Home
/Keyed/Incomplete

Order Valid = Order has been submitted and has a matching record

20241000003 :Bailey-Kirk Funeral Home
/Order Valid/Incomplete

Incomplete = Order not completed by the State Office (can only be completed if the order is valid)

Order Invalid = Hasn't been submitted
Insufficient Funds = Payment has not been completed, if you entered payment information there was an issue or error somewhere

20241000004 :Bailey-Kirk Funeral Home
/Order Invalid/Incomplete/Insufficient Funds

Completed= Order was completed by State Office

20220100193 :Hall Funeral Home and Crematory in Proctorville
/Order Valid/Completed

- The Status Bar on the Order Summary Page will tell you the status of the case
- The status of the case determines if the certified copy can be processed by the State Office

The issue with this order is that payment hasn't been completed

Order Processing Menu
Applicant
Services
Payments
Summary
Switch User

20241000005 :Bailey-Kirk Funeral Home
/Order Invalid/Incomplete/Insufficient Funds/Order Submitted

Order Summary

Source: Internet Funeral Home
Received Date: OCT-24-2024
Completed Date:

ProCheck / ProID Status:
Fee Effective Date: OCT-24-2024

Applicant Information

Name: Bailey-Kirk Funeral Home
Address: 1612 Honaker Avenue
Princeton, West Virginia 24740
Attention:
Phone:
Email: NoOne@NoWhere.com

Payment Information

Type	Amount	User
Paid:	\$0.00	
Due:	\$12.00	
Balance:	\$12.00	

Event Requested

Event Type: Death
Relation: Funeral Home
Amend Receipt Mailing Envelope Mailing Label

Status: /Personal Valid/Medical Valid/Registered/Signed/Certified/NA

Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Train Trainer	Yes	0	

Services

Service Name	Quantity	Priority	Delivery	Fee	Issue
Death Certified Copy	1	Regular	MAIL	\$12.00	

New Order Copy to New Submit Order Void Issuance History Previous Return

Since this case is registered, signed, and certified the certificate can be issued once the payment issue is resolved

[Return to Table of Contents](#)