WV DAVE (Database Application for Vital Events)

Funeral Director Training Guides

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

- 1) Logging in to WV DAVE
- Login in at: <u>https://davewv.vitalchek.com</u>
- 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

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Home		Death	•					
Fast Links	_	Fetal Death	•	Searc	h e Case			
Messages	75 ູວ ້ Death Loca	Locate Case		Start/Edit New Case		e	Fetal Locate Case	
- Denth Other /Edit New								

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

☆ <u>M</u> ain	West Virginia Depa Help Desk # 866-2) Order Processing	artment of Hea 25-2085 Trair of Lif <u>e</u> Events	th - Vital F ing Resou Ⅲ Queues	Records TES rces - Click Reports	T SITE here	9 <u>H</u> elp		
Death Start/Edit New Ca	e							
Decedent's Information								
First:		Last:	•			Date of Death:	MMM-dd-www	
Sex:	~	SSN:				Date of Birth:	MMM-dd-vvvv	
Case Id:		ME Case Numb	er:			Medical Record Number:		
Place of Death Location T	vpe: County	~	Place	of Death:				
								🐴 Search 🛕 Clear

- 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

∦ Main	West Virginia Department of Health - Vital Records TEST SITE Help Desk # 866-225-2085 Training Resources - Click here ☐ Order Processing
Death Search Results	
There are no cases that	t match the criteria you have entered. If this is a new case, select the Start New Case button or select the New Search button to perform a new search.
	+ Start New Case

- 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 De Help Desk # 866 ∦Main Ì 및 Order Processin	epartment of Health - Vital Records TEST SITE 5-225-2085 Training Resources - Click here ng <mark>of Life Events</mark> ☵ Queues 唑 Beports 🎬 Forms 🥑 Help
Death Registration Menu Personal Information Decedent Resident Address Place of Death Family Members	45362 :Test Test SEP-13-2024 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA Decedent Will OCME be responsible for completing personal demographic information at a later date? No Decedent's Legal Name
Informant Disposition Decedent Attributes Medical Certification Pronouncement Course of Death	First Middle Last Suffix Test Test Test Decedent's Maiden Name Last Last
Other Factors Injury Certifier Other Links Attachments	Aliases Add/Edit Alias Names Sex Social Security Number Male None O Unknown
Comments Print Forms Relinquish Case Request Medical Certification Transfer Case	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status MMM-dd-yyyy Decedent's Birth Place
Trade Calls Switch User	Ever in US Armed Forces?
feEvents/Death/ResidentAddress.aspx');	⊘ Validate Page → Next ▲ Clear ➡ Save ⑤ Return

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

Dea	th Search Resu	lts					
	Case Id	Decedent's Name 🔺	Date of Death	Sex	Place of Death	Date of Birth	Preview
	45363	Training, Train	SEP-13-2024	Male			Preview
						Та	otal Records : 1
						+ Start New Case	iii 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

Search Res	Search					
ase Id	Decedent's Name 🔺	Date of Death	Sex	Place of Death	Date of Birth	Preview
5364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Preview
					1	Total Records : 1
						A New Search
						Click Preview Link
						A preview of the c
						below the search

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

eath Search Resu	lts					
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
					т	otal Records : 1
						A New Search
view						
le Number:	File Date:					
ase Id: 45364	Medical Record N	lumber:	ME Ca	se Number:		
cedent's Name:	Train Training		Date of	Death: SEP-13-2024		
ouse's Name:	Marital Status: N	lever married				
c Female	Date of Birth: MA	AR-02-1973	SSN:	123-32-5323		
or Town of Dea	th: Madison		County	: Boone		
e of Death: Bo	oone Memorial Hospital					
dence: Hurric	ane West Virginia, United States					
her's Maiden N	ame: Jane Trained					
eral Director:	Funeral Director					
eral Home: Ba	iley-Kirk Funeral Home, 1612 Honake	r Avenue, Princeton				
lical Certifier:	Medical Certifier					
e Entered: SEF	-13-2024		Last U	odate Made By: Medical Cer	tifier	
tus: /Personal	Invalid/Medical Invalid/Not Registere	ed/Unsigned/Uncertified/NA/Pers	onal Pending/Medica	l Pending/Medical Certificati	on Requested/Cremation Clear	ance 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 \rightarrow Death \rightarrow Locate Case

Main	West Virginia Department Help Desk # 866-225-208	of Health - Vital Records TE 5 Training Resources - Click	ST SITE c here	
Home	Birth 🕨 📂			
Fast Links	Death Sea	rch ate Case		Queues
Messages	Imaging Search Sta	rt/Edit New Case /Edit New Case	਼ਾਂ Birth Locate Case	Registration Work Queue Summary
<section-header> Fetal Locate Case</section-header>	Birth Start/Edit New Case	Fetal Start/Edit New Case		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: Train	Last: Trainir	Date of Death:	SEP-13-2024
Sex:	SSN:	Date of Birth:	MMM-dd-yyyy
Case Id:	ME Case Number:	Medical Record No	umber:
Place of Death Location Type: County	✓ Place	e of Death:	
			A Search Soundex ≓ Swap Names & Clear
	Enter as much informa the appropriate case, t	tion as possible so you locate then click Search	Ĵ

• 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 Resul	ts					
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
						M 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

ath Search Result	ts								
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			
					1	Total Records : 1			
						i New Search			
ew									
Number:	File Date:								
e Id: 45364	Medical Reco	rd Number:	ME Cas	se Number:					
edent's Name:	Train Training		Date of	Death: SEP-13-2024					
use's Name:	Marital Status	s: Never married							
Female	Date of Birth:	MAR-02-1973	SSN:	123-32-5323					
or Town of Deat	h: Madison		County	County: Boone					
e of Death: Boo	one Memorial Hospital								
lence: Hurrica	ne West Virginia, United States								
er's Maiden Na	me: Jane Trained								
ral Director: Fu	uneral Director								
ral Home: Bail	ey-Kirk Funeral Home, 1612 Hor	naker Avenue, Princeton							
cal Certifier: N	Nedical Certifier								
Entered: SEP-	13-2024		Last Up	date Made By: Medical Cer	tifier				
us: /Personal Ir	nvalid/Medical Invalid/Not Regi	stered/Unsigned/Uncertified/NA/Perso	onal Pending/Medica	Pending/Medical Certification	on Requested/Cremation Clear	rance Required			

- 4) Going to a case directly from WV DAVE Messaging
- When someone requests a funeral home, you will receive an email like this

Case id 46380 - Funeral Home Requested Inbox ×

wvdavenoreply@wv.gov

¥ to ▼ Funeral Director

D

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://davewv.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

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- 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

		West Virginia Help Desk #	a Depa 866-2	artment of H 25-2085 Tr	lealth - Vital F raining Resou	Records Irces - C
	₩ ain	The process of the pr	essing	਼੍ਰਤਾਂ Lif <u>e</u> Event	ts <u>⊯ Q</u> ueues	<u>№ </u> <u>В</u> ерс
Home	Home					
East Links	Change	Office				
	Change	Password				
Message	User Pr	rofile		te Case	对 Fetal Locate Case	
	Messag	es	Locate ouse			
ोू Order Sea	Current	Activities	Start/Edit New			
	Logout					

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

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	*	West Virginia Department of Help Desk # 866-225-2085 Main Ì ♀ Order Processing of Life Even	Health - Vital Records TES Training Resources - Click ents Ⅲ Queues ᡅ Reports	ST SITE here Forms @ Help		
Fast Links = Most	Home Fast Links	_			Queues	
	Messages	Q ³ Death Locate Case	੍ਰਹਾਂ Fetal Locate Case	਼ਰੂਤਾ Death Start/Edit New Case	Registration Work Queue Summary	41 ±
	T Order Search	ਦ੍ਰਤਾ Fetal Start/Edit New Case			🗮 Order Work Queue Summary	1
Messages Link					E Amendment Work Queue Summary	

• Once you click on Messages, you will see this screen

Messages		Sen Sen	nd Message 🗸 Mark as Read 🗙 Rem	ove from List
From	Subject	Message	Date Sent	
Medical Doctor	Case id 46380 - Funeral Home Requested	Please complete the Personal Information for: Case Id: 45380 Decedent Name: #LinkText# Date of Death: OCT-03-2024 Office Assigned to: #OfficeName# You can log into DAVE here: https://davewv.vitalchek.com Please be advised that this is an unmonitored email addre If you have any questions on use of the WV DAVE system this link: https://sites.google.com/ww.gov/davetraining/h information, including user guides and walk-through/how you would like live support via phone please call 866-225 8:30am - 5pm ET, Monday through Friday. Testing, New	10/3/2024 2:15:47 PM ess. , please go to ome for more ⊢to videos. If -2085, from	

• 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.

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



- 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

	West Virginia Department of Health - Vital Records TEST SITE Help Desk # 866-225-2085 Training Resources - Click here
😤 Main	Telep Order Processing 🖓 Life Events ☵ Queues 🗠 Reports 🖺 Forms 🚱 Help
Death Registration Menu Personal Information > Decedent > Resident Address > Place of Death > Family Members	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? No Decedent's Legal Name
 Informant Disposition Decodent Attributes 	First Middle Last Suffix
Medical Certification X Pronouncement X Cause of Death X Other Factors d Injury	Decedent's Maiden Name Last Aliases
K Certifier Other Links Attachments	Add/Edit Alias Names Sex Social Security Number Female
Comments Print Forms Relinquish Case Transfer Case	Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status
Trade Calls Switch User	Decedent's Birth Place City or Town County State or US Territory County
	Ever in US Armed Forces? No Validate Page → Next & Clear Save D Return

	G validate i age priext	Jitetum
Validation Results	⊟ List All Errors 🛛 🖬 Save Overrides	🗖 Hide
Error Message	Override Goto Field	Popup
DR_0039: Decedent's first name cannot be left blank. Enter the Decedent's first name.	🗆 🕅 Fix	Fix
DR_0047: Decedent's last name cannot be left blank. Enter the Decedent's last name. If the last name is unknown, enter 'Unknow remaining names blank.	m in the last name and leave	Fix
DR_0059: Decedent SSN cannot be left blank. Enter a valid SSN for Decedent. If decedent does not have an SSN select the	e appropriate checkbox.	Fix Fix
DR_0061: Age cannot be left blank. Enter Age at time of Death in Years, Months, Days, Hours, or Minutes. All ite	ems cannot be blank.	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.	Ä Fix	Fix Fix
DR_0074: The Decedent Birthplace State and country cannot both be blank Enter a valid state State/country combination for the Decedent Birthplace. I "Unknown".	κ. If both are unknown, enter	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 unkno	own, enter 'Unknown.'	Fix 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

• A yellow box means the field has an error, but the error can be overridden (there are no fields with yellow errors on the Decedent Page)

Example (from the Resident Address Page):

Street Number

 After you enter the SSN, click anywhere on the screen outside of the box and Verify SSN will become a link

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/FIPS Coding Required	
Will OCME be responsible for completing personal demographic informatio	n at a later date? No 💙
Decedent's Legal Name	
First Middle Last Suffi	X
Train Training	
Decedent's Maiden Name	
Last	
Aliasas	
Add/Edit Allas Names	
Sex Social Security Number Female V 123-32-5323 None Unknown	
Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Min MAR-02-1973 Image: State of State	Verify SSN Verification Status
Decedent's Birth Place	
City or Town County State or US Territ	ory Country
Kanawha Head Upshur West Virginia	United States
Ever in US Armed Forces? No	
	✓ Validate Page → Next Clear Save Return

- Click Verify SSN to make sure the SSN is a valid number (ensure that the name, sex, SSN, and date of birth are correct before clicking Verify SSN as this will lock those fields).
- When entering dates, you can enter the date manually (MONDDYYYY, MM/DD/YYYY, MM/DD/YYYY) or you can click on the **Calendar** Icon to select the date

Click the Arrow Icon to populate the age



Note: Months, Days and Hours, Minutes are shown as required, but they are only required if the decedent is under one year old or one day old, respectively. The red box indicating an error will go away for the other fields (month, days, hours and minutes) once you enter the date and click **Save** or **Validate Page**

- Once you have entered the decedent's information, click Validate Page to verify the information you entered is validated by the system
- If there are no errors, click the **Next** button to go to the next page, which is Resident Address

	West Virginia L Help Desk # 86	West virginia Department of Health - Vital Records (ES) SILE Help Desk # 866-225-2085 Training Resources - Click here				
	Main 📜 Order Process	ing 😴 Life Events 🗮 Queues 🗠 Reports 🖺 Forms 😧 Help				
If what you entered has no errors, you will see a green check mark beside of the Decedent Page in the Per- sonal Information Section (Funeral Home Section)	Main Critical Certification Transfer Case Trade Calls	Will OLDE Vertex E Queues Legenots E Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required Decedent Will OCME be responsible for completing personal demographic information at a later date? No Decedent Will OCME be responsible for completing personal demographic information at a later date? No Decedent's Legal Name First Middle Last Sex Social Security Number No Ouerotoon Under 1 Year Under 1 Day Date of Birth Years Months Day Hours SSN Verification Status MMM-ddryyyy Decedent's Birth Place City or Town County State or US Territory City or Town County State or US Territory Verify Since built Marchine Tender				
		Ever in US Armed Forces? No ▼ Validate Page → Next @ Clear @ Save ♡ Return Click the Next button t go to the next Page				

Guide 3: Completing the Personal Information: Resident Address

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

Moot M	Virginia Department of Health, Vital Departe TEST SITE
Help D	lesk # 866-225-2085 Training Resources - Click here
🔏 Main 🛛 📜 Orde	Jer Processing 🗭 Life Events 🗮 Queues 🗠 Reports 🖺 Forms 🚱 Help
	AE264 Training SED 12 2024
Death Registration Menu	43304 : India Hading buyelid (htt Secretard / learned /
Personal Information	Resident Address
Decedent	
K Resident Address	Address
× Place of Death	Pre Street Post Apt #,
K Family Members	Street Number Directional Street Name, Rural Route, etc. Designator Directional Suite #,etc.
K Informant	
× Disposition	Zip Code City or Town County State Country
Cecedent Attributes	West Virginia United States
Medical Certification	Inside City Limits
× Pronouncement	· · ·
Cause of Death	
Other Factors	
lnjury	Address
< Certifier	And and Breidenne. Probability Only, Only Only
Other Links	Zna Legai Residence - Probate Use Univ - Optional
Attachments	Pre Street Post Apt #,
Comments	Street Number Directional Street Name Designation Directional Suite #,etc.
Print Forms	
Relinquish Case	Zip Code City or Town County State Country
Request Medical Certification	
Transfer Case	Inside City Limits
Trade Calls	
Switch User	
	✓ Validate Page → Next ▲ Clear ■ Save

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

V	Vest Virginia Department of Health - Vital Records TEST SITE
Main	Criter Processing Of Life Events 🚍 Queues M Reports 📑 Forms 🙆 Help
I man	
Death Registration Menu	45364 : Irain Iraining SEP-13-2024 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required
Personal Information	Resident Address
× Resident Address	Address
X Place of Death X Family Members X Informant X Disposition X Decedent Attributes Medical Certification X Pronouncement X Cause of Death	Pre Street Post Apt #, Street Number Directional Street Name, Rural Route, etc. Designator Directional Zip Code City or Town County State Country Xince City Limits Vest Virginia United States
× Other Factors	
 Injury Contifier 	Address
Other Links	2nd Legal Residence - Probate Use Only - Optional
Attachments Comments Print Forms Relinquish Case Request Medical Certificat Transfer Case Trade Calls Switch User	ion Pre Street Post Apt #, Directional Street Name Designator Directional Suite #,etc. V Image: Street Post Apt #, Directional
	⊘ Validate Page → Next ▲ Clear ■ Save 与 Return

- 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

Places			×	
Places				
Country				
United States	~			
State				
West Virginia	~			
County				
Please Select	~			
City				
	\sim			
Zip ~				
		Select	Cancel	
	Click Select to save and	Ĵ		
	close the pop up window			

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

45364 :Train Training SEP-13-2024

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

Concert Address					
Address					
Pre		Street	Post	Apt #,	
Street Number Directional Street Name, Ru	ral Route, etc.	Designator	Directional	Suite #,etc.	
E 🖌 1st		Avenue	· ·		
Zip Code City or Town	County	State	Country		
A 25526 Hurricane	Putnam	West Virginia	United States		
Inside City Limits					
No 🗸					
Address					
2nd Legal Residence - Probate Use Only - Op	tional				
Pre Street Number, Directional, Street Name	St	treet	Post Ap	t #, ita # ata	
Street Number Directional Street Name		esignator	Directional Su	ite #,etc.	
`		•			
Zip Code City or Town Co	unty State	C	ountry		
Inside City Limits					
~					
		🤣 Validate Page	→ Next	Clear 🖬 Save	🕽 Return
Validation Results		=	List All Errors	Save Overrides	- Hide
Error Message				Override Goto Fiel	d Popup
DR_1558: Decedent's residence address str	eet number cannot be le	ft blank.			
A valid street number for the decedent's res	idence address is require	ed. Enter the building num	per assigned to	🗆 🤼 Eix	Fix
the decedent's residence. Do not record a ru	ral route number or PO E	Box number. If the number	is unknown,		

• 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	\Delta Clear	Save	🕽 Return	
Validation Results	(≡ u	ist All Error	s 🕞 🖬 Save	e Overrides	- Hide	I
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. Ente the decedent's residence. Do not record a rural route number or PO Box num enter 'Unknown'.	c. r the building numbe nber. If the number is	er assigned t unknown,	•	i ń Fix	Fix	Save Overrides button
	Click the Che	eckbox	Ĵ			

- 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



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.

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 D Help Desk # 86	Department of Health - Vital Records TEST SITE 56-225-2085 Training Resources - Click here
🗥 Main 🛛 🃜 Order Process	sing 👽 Life Events 🗮 Queues 🗠 Reports 🖺 Forms 🕑 Help
Death Registration Menu Personal Information ✓ Decedent ✓ Resident Address	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
× Place of Death × Family Members × Informant	Facility Name
× Disposition × Decedent Attributes Medical Certification	Address Pre Street Number Directional Street Name or PO Box, Rural Route, etc. Designator Directional Suite #,etc
× Pronouncement × Cause of Death × Other Factors	Zip Code City or Town County State Country West Virginia United States
 ✓ Injury × Certifier Other Links 	Medical Record Number
Attachments Comments Remove Certifier From Case	Was Decedent Transferred from Another Institution?
Print Forms Relinquish Case Transfer Case	Validate Page ANEXT & Clear & Save D Return
Switch User	

• You must select something for Type of Place of Death



- 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 In	patient	✓ Other Specify		
Facility Name	<u>्</u>	Click the	king the Eraser Icon w facility and facility ad	ill clear dress
Clicking on the Magnifying G will bring up a window that w you to search for a faci	ilass Icon vill allow lity			
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**

				%	i = a wild card
Lookup Place Of Death Facility					n this example, anything that egins with "Ra" will show up n the search
Facility Name Ra%		Sea	arch	-	
Facility Name	Address	City			
Raleigh General Hospital	123 Any Street	Beckley	select	-	
		То	tal Records : 1		
			Cancel	C ty	Click <mark>Select</mark> to choose this facili y and the information will auto matically 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	1								
Type of place o	of death Ho	spital Inpatie	ent	✓ Oth	er Specify				
Facility Name	Raleigh Ger	neral Hospita	ا ٩ ٩	2					
Address									
Street Number	Pre Directional	Street Nam	e or PO Box, Rural Ro	oute, etc.	Street Designator	Ŧ	Post Directional	Apt #, I Suite #,etc	
Zip Code	City or Town	n	County	State	e	Country	y		
25801	Beckley		Raleigh	Wes	st Virginia	United	States		
Medical Record Number									
Was Decedent	Transferred	from Anothe	r Institution?	~					
					🔗 Validate F	Page	→ Next	Clear Save	C Return

• 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)

Guide 5: Completing the Personal Information: Family Members

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

A Main	West Virginia De Help Desk # 866	epartment of Health - -225-2085 Training	Vital Records TEST : Resources - Click he	SITE Pre		
. Manu						
Death Registration Menu		45364 : Irain Ira	aining SEP-13-20	24	al Donding (Madical Danding /EIDS Cod	ling Dogwirod
Personal Information		Family Members	ical invalid/ Not Registere	a/Onsignea/Oncertifiea/NA/Persoi	hai Pending/Medical Pending/FIPS Cod	ing Required
✓ Decedent						
 Resident Address 		Marital Status	✓ Othe	r Specify		
 Place of Death 		Surviving Spouse's Nar	ne			
× Family Members		First	Middle	Last (name prior to first marriage	e) Suffix	
× Informant] [
× Disposition						
× Decedent Attributes		Father / Parent Name F	Prior to First Marriage			
Medical Certification		First	Middle	Last	Suffix	
× Pronouncement						
× Cause of Death		Mother / Parent Name	Prior to First Marriage			
× Other Factors		First	Middle	last	Suffix	
Injury						
× Certifier						
Other Links				Va	alidate Page → Next 🔥 Clear 🖪	Save D Return
Attachments						
Comments Drint Forme						
Print Forms						
Reinquish Case	tion					
Transfor Coso						
Trade Calls						
Switch Lleor						
ownen oser						

• 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 Nar	ne		
First	Middle	Last (name prior to first marriage)	Suffix
Father / Parent Name F	Prior to First Marriage		
First	Middle	Last	Suffix
Mother / Parent Name	Prior to First Marriage		
First	Middle	Last	Suffix
		오 Valida	te Page → Next Clear Save Clear Return

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

45364 :Tra	ain Training SEP-1	3-2024		
/Personal Inva	lid/Medical Invalid/Not Re	gistered/Unsigned/Uncertified/	/NA/Personal Pending/Medical Pending/FIPS C	oding Required
Family Membe	rs			
Marital Status	Never married 🗸	Other Specify		
Surviving Spou	se's Name			
First	Middle	Last (name prior to fir	st marriage) Suffix	
Father / Parent	Name Prior to First Marria	ige		
First	Middle	Last	Suffix	
Joe		Training		
Mother / Paren	t Name Prior to First Marri	age		
First	Middle	Last	Suffix	
Jane		Trained		
			✓ Validate Page → Next Clear	Save C Return

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

Guide 6: Completing the Personal Information: Informant

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

West Virginia D	epartment of Health - Vital Records TEST SITE
Help Desk # 86 Main 🛛 🔭 Order Processi	6-225-2085 Training Resources - Click here
Personal Information Personal Informa	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 V Other specify Address
 Cause of Death Course of Death Injury Certifier Other Links Attachments Comments Print Forms Relinquish Case Request Medical Certification Transfer Case Trade Calls Switch User 	Copy From Decedent Resident Address □ Pre Street Street Number Directional Street Name or PO Box, Rural Route, etc Directional Suite #,etc. Image: Street Number Image: Street Name or PO Box, Rural Route, etc Directional Suite #,etc. Street Country Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Street Country Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Zip Code City or Town State Country Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Zip Code City or Town State Country Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Informant Phone Number Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc Image: Street Name or PO Box, Rural Route, etc

• 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

mormant						
Informant Name						
First	Middle	Last	Suf	fix		
Maiden Name						
Relationship to D	ecedent Y	Other specify				
Address						
Copy From Dece	dent Resident Address 🗌					
I	Pre		Street	Post	Apt #,	
Street Number	Directional Street Name or PO	Box, Rural Route, etc	Designator	Directional	Suite #,etc.	
	~		•	~		
Zip Code	City or Town	State	Country		_	
			United States			
Informant Phone	Number					
]					
			🔗 Validate Page	→Next 🛕	Clear 🗗 Save	C Return

- 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 he look if the	ow a page will re are no errors	
	West Virginia Help Desk # 8	Department of Health - Vital Records TEST SITE 66-225-2085 Training Resources - Click here
Green Check = no errors	Death Registration Menu	45364 :Train Training SEP-13-2024
Yellow Circle = errors	Personal Information	/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required Informant
that can be overridden	 Resident Address Place of Death 	Informant Name First Middle Last Suffix
Red X = errors that	Family Members Informant X Disposition	Joe Training Maiden Name
revalidated by the sys-	× Decedent Attributes Medical Certification	Relationship to Decedent Father Other specify
tem	Yronouncement Cause of Death Other Factors Injury Cortifier	Address Copy From Decedent Resident Address Fre Pre Street Number Directional Street Name or PO Box, Rural Route, et Designator Directional Suite #.etc. 123 E v 1st Apt #.
	Other Links	Zip Code City or Town State Country
	Attachments Comments Print Forms Relinquish Case Request Medical Certification Transfer Case Trade Calls Switch User	
		Click Next to move on to the next page, if there are no errors

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 D Help Desk # 86 <u>A</u> Main ∏ <u>O</u> rder Process	epartment of Health - 6-225-2085 Training ng of Life Events 📰	Vital Records TE Resources - Click Queues Reports	ST SITE c here Forms ② Help		
Death Registration Menu	Disposition				
Personal Information	Method of disposition		✓ Other Specify		
✓ Decedent	Date of disposition				
Resident Address		MMM-dd-yyyy			
 Place of Death 	Diago of diagonition	,,,,,			
 Family Members 	Place of disposition				
✓ Informant	Place of Disposition		Q 👌		
× Disposition				.	
× Decedent Attributes		State		Country	
Medical Certification				United States	
× Pronouncement		_			
× Cause of Death	Q	₫			
× Other Factors	Funeral Director				
🛩 Injury	License Number				
× Certifier	FD1234				a //
Other Links	First	Middle	Last		Suffix
Attachments	Funeral		Director		
Comments	Funeral Home				
Print Forms	Business Registration	Number Lookup			
Relinquish Case		Bailey-Kirk F	Funeral Home	م]ه	
Request Medical Certification	Pre			Street	Post Apt #,
Transfer Case	Street Number Directi	onal Street Name or	PO Box, Rural Route, etc.	Designator	Directional Suite #,etc
Trade Calls	1612	✓ Honaker		Avenue	· ·
Switch User	Zip Code City or	Town	State	Country	
	24740 Prince	ton	West Virginia	United States	
				Validate Pag	a → Nevt ▲ Clear ■ Save 与 Peturn

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

45364 :Train Training SEP-13-2024

/Personal Inva	lid/Medical I	nvalid/Not Register	red/Unsigned/Uncertifie	ed/NA/Personal Pendi	ing/Medical Pending/FIPS Coding Required
Disposition					
Method of disp	osition	~	Other Specify		
Date of disposi	ition	i i i i i i i i i i i i i i i i i i i			
	MMM	-dd-yyyy			
Place of dispos	sition				
Place of Dispos	sition				
City or Tov	wn	State		Country	
				United States	
	۵ 👌				
Funeral Directo	or Li Li				
License Numbe	er				
FD1234					
First	N	Viddle	Last		Suffix
Funeral			Director		
Funeral Home					
Business Regis	stration Num	ber Lookup			
		Bailey-Kirk Fun	eral Home	۹ <u>۵</u>	
	Pre			Street	Post Apt #,
Street Number	Directional	Street Name or PO	Box, Rural Route, etc.	Designator	Directional Suite #,etc
1612	*	Honaker		Avenue	· ·
Zip Code	City or Towr	1	State	Country	
24740	Princeton		West Virginia	United State	s
				🛛 🖌 Validate Pa	age → Next ◆ Clear B Save 5 Return
					تتنتقا لتبنيك لتبنيك لتسهو لت

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

Place of Disp Clicking o up a wind place	oosition on the Magnifying Glass Icon will bring dow that will allow you to search for a of disposition such as a cemetery		
	Lookup Place Of Disposition		×
	Facility Name	Search	
			Cancel

• 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**

				%	= a wild card
Lookup Place Of Disposition					this example, anything that egins with "Ac" will show up the search
Facility Name Ac%		Sear	ch		
Facility Name	Address	City			
Acacia Society	17324 Sunshine Trail	Sabillasville	select		
		T	Total Records : 1		
			Cancel	C	lick Select to choose this facili-
				ty	and the information will auto matically be entered

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

45364 :Train Tr	aining SEP-13-20	24				
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Cremation Clearance						
Required/FIPS Coding	Required					
Disposition						
Method of disposition	Cremation 🗸	Other Specify				
Date of disposition	SEP-27-2024					
	MMM-dd-yyyy					

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



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

Attachments	×
Attachments	
No data found.	
Ne	w Attachment Close

Click New Attachment to add the Cremation Authorization Form

	Attachments	×
Select Cremation Authorization as the Attachment Type	Attachments No data found.	
Click Choose File to upload the file from your computer	New Attachment Attachment Type Cremation Authorization Upload new attachment Choose File No file chosen Save Cancel	New Attachment Close

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

Attachments			
Attachments			
Attachment Name	Date Acquired	Attachment Type	
DispositionPermit.pdf	9/16/2024 1:21:44 PM	Cremation Authorization	View Delete
			Total Records : 1
		New Atta	achment 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
 uat.davewv.vitalchek.com says
 Are you sure you wish to delete this attachment? Press OK to continue, Cancel to abort.
- After an attachment has been added to the case, you will see a check mark appear beside Attachments under the Other Links Section

Other Links
✓ Attachments
Comments
Remove Certifier From Case
Print Forms
Relinquish Case
Transfer Case
Trade Calls
Switch User

- 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

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k.

Guide 8: Completing the Personal Information: Decedent Attributes

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

West Virgin Help Desk # Main 같 Qrder Pro	Department of Health - Vital Records TEST SITE 366-225-2085 Training Resources - Click here ssing Or Life Events Equation Peports Beports E Porms	
Death Registration Menu Personal Information Decedent Resident Address Place of Death Family Members Informant Disposition	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	
× Decedent Attributes Medical Certification × Pronouncement × Cause of Death × Other Factors ✓ Injury	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, Nexican, Mexican American, Chicano Yes, Cuban Unknown if Hispanic Bace	
 Certifier Other Links Attachments Comments Print Forms Relinquish Case Request Medical Certification Transfer Case Trade Calls 	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 Filipino Other Asian Other Pacific Islander American Japanese Native Hawaiian Other (Specify) American Indian or Korean Guamanian or Asian Indian Chear Save Return	m

• 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/Cremation Clearance Required/FIPS Coding Required

	1				
Decedent Attributes					
Decedent's Usual Occupat	ion Kind of E	Business / Industry	_		
Decedent's education			~		
Ancestry					
Decedent of Hispanic Orig describes whether the dec Check the 'No box if deced	in? (Check the box that edent is Spanish/Hispa lent is not Spanish/Hisp	best nic/Latino. panic/Latino)			
🔲 No, not Spanish/Hisp	anic/Latino	🗌 Yes, Puerto Rican 🔲 Ye	s, Other Spanish/Hispanic/	Latino	
🔲 Yes, Mexican, Mexica	n American, Chicano	🗌 Yes, Cuban 📃 Un	known if Hispanic		
Race					
Decedent Race (Check one	e or more races to indic	ate what the decedent consid	lered himself or herself to b)e)	
U White	Chinese	Vietnamese	Samoan	-	
Black or African	Filipino	Other Asian	Other Pacific Islar	der	
American	Japanese	Native Hawaiian	Other (Specify)		
American Indian or Alaska Native	C Korean	Guamanian or			
Asian Indian		Chamorro			
		•	Validate Page	🕭 Clear 🕞 S	ave D Return

- 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

- 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

45374 :New Trainee SEP-20-2024

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

Authentication successful.



- 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.

- 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



• 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 Registere	d/Signed/Uncertified/N	A/Medical Pending/N	Medical Certification Requested
Certifier			
Certifier Type			
Certifier Name			
License Number			
MD1029			
First Middle	Last		Suffix
Medical	Certifier		
Title			
Doctor of Medicine 🗸			
Certifier Address			
Edit Certifier Address			
Pre		Street	Post Apt #.
Street Number Directional Street Name, Rura	Route, etc.	Designator	Directional Suite #,etc.
1 v Test		Street	▼
Zip Code City or Town	State	Country	
25009 Ashford	West Virginia	United State	es
Date Signed MMM-dd-yyyy			
			Save/Validate Page 🛆 Clear 🖒 Return

- 2) To request medical certification
- Go to: Death Registration Menu \rightarrow Other Links \rightarrow Request Medical Certification



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

Request M	Nedical Certification	
Certifier In	nformation	
Certifier N	Name: 🔸 🔍 👁	
Facility/O	ffice Name: • 🔍 👁	
First Name Middle Last Office:	e:	
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			×
Last Name	First Name	Search	_
		Cancel	

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

									70 -	a wild card
□ Lookup Certifier ×							(In t beg up i	his example, anything tha ins with "Cert" will show in the search	
Last Name Cert	6		First Nam	ne		Search				
License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name				
MD1029	Certifier		Medical		1	Test	select		C	lick <mark>Select</mark> beside the cor-
MD123	Certifier		Nirav		123	Any Street	select	←	•	rect Medical Certifier to
						Total Recor	rds : 2			choose them
							Cancel			

10.0

• 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 M	Medical Certification		
Certifier I	nformation		
Certifier I	Name: • Q 🛆		
Facility/C	Office Name: Q		
First Nam Middle Last Certi Office:	ie: Medical		
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
🗖 Lookup Medical Facilities				×	If you enter the Percent Sign and click Search , all facilities associated with the medical certifier you selected will show.
Facility Name		Search			
Facility Name	Address	City			Click Select beside the ap-
Boone Memorial Hospital	456 Some Boulevard	Madison	select	-	propriate facility
Logan Regional Medical Center	123 Any Street	Logan	select		propriate ratinity
CAMC General Hospital	501 Morris Street	Charleston	select		
CAMC Memorial Hospital	123 Any SE Street	Charleston	select		
		Total F	Records : 4		
			Cance		

• 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

	Request M	Nedical Certification		
	Certifier I	nformation		
	Certifier I	Name: • Q 👁		
The name and	Facility/0	ffice Name: • Q 🔕		
office of the Medi-	First Nam	e: Medical		
cal Certifier vou	Middle	-		
requested will	Last Cert	fier		
populate here	Office: B	oone Memorial Hospital		
	Message	Please complete the Medical Certification for:	<u> </u>	
		Case Id: 46379		
		Decedent Name: First Trained Decedent Date of Birth: OCT-01-2024	-	
		Date of Death: OCT-01-2024	10	
				Clear Save 🖒 Return
				T
				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



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	۹ 👌									
License Numb	er									
First	Ν	∕liddle		Last			Suffi	x		
Medical				Certifier						
Title										
Doctor of Me	dicine 🗸									
Certifier Addre	SS									
Edit Certifier	Address 🗌									
a	Pre				Street	-4		Post	Apt #,	
Street Number	Directional	Street Name, Rura	l Route,	etc.	Design	ator	-	Directiona	al Suite #,etc.	
450	Oitu ar Taur	Some	Otata		Doule	/aru	+	`		
ZIP Code	Madison	1	Most	Virginio		United States				
23130	Iviauison		west	virginia		United States				
Date Signed	/MM-dd-vvvv									
	,,,,,						_			
							Sa	ave/Validat	te Page 🚺 🕁 Clear	D Return

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 Help Desk # 8	Department of Health - Vital Records TEST SITE 66-225-2085 Training Resources - Click here
Main Correction Personal Information Personal Information Personal Information Personal Information Personal Information Personal Information Personal Address Place of Death Family Members Informant X Disposition Decedent Attributes Medical Certification X Pronouncement X Cause of Death X Other Exclore	sing yourge events ⇒ Queues ≥ Reports Forms E Heip 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 Pre Street Post Apt #, Street Number Directional Street Name, Rural Route, etc. Designator Directional Suite #,etc. 123 E 1st Avenue ✓ Zip Code City or Town County State Country Viginia United States Inside City Limits No ✓
 Other Factors Injury Certifier Other Links Attachments Comments Print Forms Relinquish Case Request Medical Certification Transfer Case Trade Calls Switch User 	Address 2nd Legal Residence - Probate Use Only - Optional
	Validate Page → Next ▲ Clear ❑ Save ♡ Return Validation Results Image: 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 A valid street number for the decedent's residence address is required. Enter the building number assigned to Image: Image: Ima

Click Validate Page to show the errors and the overrirde •

enter 'Unknown'.

In the Validation Results Box, uncheck the Checkbox for the error you want to • remove the override from, then click Save Overrides

the decedent's residence. Do not record a rural route number or PO Box number. If the number is unknown,

Validation Results	E 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 build the decedent's residence. Do not record a rural route number or PO Box number. If the enter 'Unknown'.	ling number assigned to number is unknown,		Fix Fix	i ń Fix	Save Overrides Bu	utto
Click the Click the b	neckbox to un-	Ĵ				

- 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 Directional Street Name, 123 E	Rural Route, etc.	Street Designator Avenue	Post Apt #, Directional Suite #,etc.			
Zip Code City or Town	County	State	Country			
A 25526 Hurricane	Putnam	West Virginia	United States			
Address						
2nd Legal Residence - Probate Use Only -	Optional 🗸					
Pre Street Number Directional Street Name		Street Designator	Post Apt #, Directional Suite #,etc.			
Zip Code City or Town	Zip Code City or Town County State Country					
Inside City Limits						
		🛇 Validate Pag	je → Next 👌 Clear 🕞 S	Save 🕽 Return		

• The **Death Registration Menu** will update and the page that you updated will now have a green check mark, if he 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

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

Death Registration Menu	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
\subset	Other Links
	✓ Attachments
	Comments
	Print Forms
Other Links Section	Relinquish Case
	Transfer Case
	Trade Calls
	Switch User

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:
 - \circ Death Registration Menu \rightarrow Other Links \rightarrow Attachments

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

• Clicking Attachments will bring up a window like this

Attachments	×
Attachments	_
No data found.	
New Attachment Close	

• Click New Attachment to add the Cremation Authorization Form

	Attachments	×
Select Cremation Authorization as the Attachment Type	Attachments No data found.	
Click Choose File to upload the file from your computer	New Attachment Attachment Type Cremation Authorization Upload new attachment Choose File No file chosen Save Cancel New Attachment Close	

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

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

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

Comments		:
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

omments					
State File Numbe	r:				
Registrant Name:	New Train				
Event Type:	Death				
Event Date:	SEP-17-20	24			
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 :

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

	Comments					×	
С	omments					_	
;	State File Number	r:					
	Registrant Name:	New Train					Here the comment
	Event Type:	Death					is cut off
	Event Date:	SEP-17-20	24				
	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, 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

omments					
State File Numbe	r:				
Registrant Name:	New Train				
Event Type:	Death				
Event Date:	SEP-17-20	24			_
Comment Type	Date Entered	Entered By	Office	Comment	
General	09/19/2024	doctor11	Boone Memorial	I am not the Medical Certifier. I am the pronouncer, View	
Comments	08:38	I am n	ot the Medical Certi	ifier. I am the pronouncer, and I have completed the pronounceme	nt
		page.			

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



• Clicking View Link, will bring up this window

Comments						
omments						
State File Numbe	er:					
Registrant Name	: New Train					
vent Type:	Death					
vent Date:	SEP-17-2024					
Comment Type	Date Entered	ered By Offic	ce	Comment		
General Comments	09/19/2024 08:38 doc	ctor11 Boo Hos	ne Memorial pital	I am not the Medical Certifier. I and I h	am the pronouncer,	View Delete
					Total	Records : 1
Entered By: Comment Type:	doctor11 General Comme	° ents ♥	Lam the properties	pr and I have completed the		
Comment:	pronouncement	page.		and mave completed the	Save Clear Cancel	
	Maximum text le	ength: 4000	Characters left: 3	903		

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

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	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, View Delete Total Records :	mments					
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 06tor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, and I h View Delete Total Records	Registrant Name: New Train Event Type: Death Event Date: SEP-17-2024 Comment Type Date Entered By Office Comment General Comments 09/19/2024 doctor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, View Delete Total Records :						
Sevent 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	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 00ctor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, View Delete Total Records : Total Records :	state File Numbe	r:				
Went Type: Death Went 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	Swent Type: Death Sevent Date: SEP-17-2024 Comment Type Date Entered Entered By Office Comment General Comments 09/19/2024 doctor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, View Delete Total Records : View Comment Clophysical Clophysical	legistrant Name:	New Irain				
Event Date: SEP-17-2024 Comment Type Date Entered B Entered By Office Comment General Comments 09/19/2024 00ctor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, and I h View Delete Total Records	Event Date: SEP-17-2024 Comment Type Date Entered Entered By Office Comment General Comments 09/19/2024 00ctor11 Boone Memorial Hospital I am not the Medical Certifier. I am the pronouncer, View Delete View Total Records : Image: Comment New Comment Clope	event Type:	Death				
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	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 :	event Date:	SEP-17-20	24			
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	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 : New Comment	Comment Type	Date Entered	Entered By	Office	Comment	
Total Records	Total Records : New Comment Clo	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
	New Comment Clo					Tota	I Records : 1
New Comment 0						New Comme	ent Clo
Click on New Comment to add a							

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

Comments							×
Comments							_
State File Numb	er:						
Registrant Name	: New Train						
Event Type:	Death						
Event Date:	SEP-17-20	24					
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 and I h	am the pronouncer,	View Delete	
					Total I	Records : 1	
Comment Type:		~					
Comment:					Save Clear Cancel	cor	nment, click S
	Maximum te	ext length: 40	00 Characters left: 4	000			
		-			New Commen	tClose	

After entering a								
new comment and								
clicking save, a win-								
dow like this will	Comments							^
pop up showing all	Comments							
of the comments	State File Numbe	r:						
on the case, includ-	Registrant Name	: New Train					١	ou can edit or
ing the one you	Event Type:	Death					c	lelete the com-
just added	Event Date:	SEP-17-20	24				r	nent using the Edit
	Comment Type	Date Entered	Entered By	Office		Comment	C	or Delete Link
	General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital		I am not the Medical Certifier. I am the pronouncer, V and I h D	iew elet	7
	General Comments	09/19/2024 09:44	fundir	Bailey-Kirk Funeral Home		New Comment Test	dit Delete	
						Total Rec	cords : 2	
						New Comment	Close	
					Clic	k 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

Main	West Virginia Depa Help Desk # 866-2) Order Processing	artment of H 25-2085 T Of Lif <u>e</u> Even	Health Training ts I≣	- Vital Records TES g Resources - Click Queues Reports	here Forms ? Help			
Home		Death	•	Search				
Fast Links	s Fetal Death Locate Case				Queues			
Messages	🕫 🖓 Death Loca	Start/Edit New Case Of Death Locate Case Of Death Locate Case		Case	E Registration Work Queue Summary			
📜 Order Search	Fetal Start/I Case	Edit New				Drder Work Queue Summary]	
						Amendment Work Queue Summary		

• 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)

		☆ <u>M</u> ain	West Virginia Depa Help Desk # 866-2	artment of Hea 25-2085 Trai Ç ^o Lif <u>e</u> Events	alth - Vital Re ning Resource E Queues	cords TES ces - Click <u>e</u> <u>R</u> eports	T SITE here Forms	🕑 <u>H</u> elp				
Comment Indicator Icon	Death Sea	arch Results										
\sim	Cas	eld De	cedent's Name 🔶		Date of Deat	h	Sex		Place of Death	Date of	Birth	Preview
2	453	67 Tra	ain, New		SEP-17-2024	Ļ	Female	e	Boone			Preview
											То	otal Records : 1
												iii New Search

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

Comments					
Comments					
State File Numbe	r:				
Registrant Name	New Train				
Event Type:	Death				
Event Date:	SEP-17-20	24			
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 Commer	nt Close

3) Print Forms

- Print Forms can be found by going to: Death Registration Menu \rightarrow Other Links \rightarrow 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

		Other Links
		Attachments
		✓ Comments
Click Print Forms		Print Forms
		Relinquish Case
		Transfer Case
		Trade Calls
		Switch User

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

45367 :New Train SEP-17-2024

- 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

	Other Links
	Attachments
	✓ Comments
	Print Forms
Click Relinquish Case	 Relinquish Case
	Transfer Case
	Trade Calls
	Switch User

• 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 is 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

ransfer 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 Baile Kirk Funeral Home	: y-			
	11			
			∧ Clear	Save
		 		Gave

- 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 Registere//Unsigned/Uncertified/NA/Pers Requested/FIPS Coding Required/Funeral Home Requested	onal Pending/Medical Pending/Medical Certification
Transfer Case Transfer Personal Ownership To: Bailey-Kirk Funeral Home	
Transfer Medical Ownership To: Boone Memorial Hospital	
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 Clear

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

Lookup office to transfer personal or	vnership to	×
Facility Name		Search
		Cancel

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

					% = a wild card
Lookup office to transfer perso	nal ownership to		;	×	In this example, anything that begins with "Co" will show up in the search
Facility Name Co%		Se	arch		
Facility Name	Address	City			
Collins Funeral Home, Inc.	1 Route 44	Switzer	select	4	
		Тс	otal Records : 1		
			Cancel	Cli	ck 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

Fransfer 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						
	10					
				👌 Clear	Save	S 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 Trans-	
fer Personal Ownership To	45367 :New Train SEP-17-2024
ter reisonar ownersnip ro	/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:
ŗ	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 Clear
	▲
	Then, click Save

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

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Guide 13: Status Bar

A

• The Status Bar is located a the top of a case and provides information about that case

fter a case is registered, there will be a State File Number (SFN) created and that will be seen here
Case ID Decedent Name Date of Death
Status Bar ASSO7 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 Image: Comparison of the second sec
Will OCME be responsible for completing personal demographic information at a later date? No 💙
Decedent's Legal Name
First Middle Last Suffix
Last
Aliases
Add/Edit Alias Names
Sex Social Security Number None O Unknown
Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status MMM-dd-yyyy
Decedent's Birth Place
City or Town County State or US Territory Country Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town Image: City or Town I
Ever in US Armed Forces?
Save Save Save Save Save Save Save Save

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

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



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

	Death Registration Menu
	Personal Information
	✓ Decedent
	Resident Address
	 Place of Death
Home Section	 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

Check the Checkbox

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

A	TTI	ma	tio	ns		
	Aff	irm	the	fol	low	ing.

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.

Affir	m Clear	r 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



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



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



/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 Fi	le Number (SFN	I) means a					
-	case is r	egistered by th	e State Office					
	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		
ese cases are	45321	2024000016	Test, Test	MAY-30-2024	Male	Boone	MAY-30-1980	
gistered	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 La	ist					Total Records : 7
								🐴 New Sea

• 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



- 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.



• 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.



• 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

Click Amendment List Page	Death Registration Menu Personal Information Decedent Resident Address Place of Death Family Members Informant Disposition	45339 2024000020 :Joe Test AUG-28-2024 //ersonal Valid With Exceptions/Medical Valid With Exceptions/Registered/NA/NA/NA/NA/Decedent Will OCME be responsible for completing personal demographic information at a later date? No v Decedent's Legal Name First Middle Last Suffix Joe Test
	Decedent Attributes Medical Certification Pronouncement Cause of Death Other Factors Injury Certifier Registrar Amendment List Other Links	Decedent's Maiden Name Last Aliases Add/Edit Alias Names Sex Social Security Number None Unknown Under 1 Year Under 1 Day Date of Birth Years Months Days Hours Minutes SSN Verification Status
	Amendments Attachments Comments Order Certified Copies Print Forms Trade Calls Switch User	JAN-01-1970 mail Age 54 Verify SSN UNVERIFIED (0) MMMA-dayyyy Decedent's Birth Place City or Town Country State or US Territory Country Portland Oregon United States Ever in US Armed Forces? No ✓ Ever in US Armed Forces? No ✓ ✓ Yalidate Page → Next Clear B Save > Return

• Clicking the Amendment List Page will bring you to this screen

45339 2024000020 :Joe Test AUG-28-2024

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

Click New Amendment and you will be brought to this screen

Return

New Amendment

45339 2024000020 :Joe Test AUG-28-2024

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

Amendment Page				
Type Year	~	Amendment Date Amendment Number		
Order Number		Description		10
Amendment Status				
			Save	Return

- 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			
Туре	Medical < 1 Year 🗸 🗸	Amendment Date	OCT-04-2024
Year	2024	Amendment Number	5283
Order Number		Description	
Amendment Status	Keyed (Requires Affirmation)		
Page to Amend	~		
			Cancel Amendment Save Clear Return

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

Page to Amend	×	
	Death - Decedent	
	Death - Family Members	
	Death - Informant	
	Death - Place of Death	
	Death - Disposition	
	Death - Pronouncement	
	Death - Resident Address	
	Death - Decedent Attributes	
	Death - Identifiers	

• 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
Amendment	/ Personal valid with Exceptions/wealcal valid/kegistered/signed/Certified/ICD Coaling kequired
Attachments	Amendment Page
Amendment Affirmation	Type Personal Amendment Date SEP-20-2024
Death Registration Menu	Year 2024 Amendment Number 4288
Personal Information	Order Number Description
Decedent	
Resident Address	Amendment Status Keyed (Requires Affirmation)
Place of Death	Page to Amend Death - Decedent
Family Members	
Informant	
Disposition	Decedent
Decedent Attributes	
Medical Certification	Will OCME be responsible for completing personal demographic information at a later date?
Pronouncement	Decedent's Legal Name
Cause of Death	First Middle Last Suffix
Other Factors	Injury Cause Test
Injury	
Certifier	Aliases
Registrar	Add/Edit Alias Names
Amendment List	Sex Social Security Number
Other Links	Male
Amendments	Under 1 Year Under 1 Day
Attachments	Date of Birth Years Months Days Hours Minutes SSN Verification Status
✓ Comments	JAN-01-2000 Age 22 UNVERIFIED (U)
Print Forms	MMM-dd-yyyy
Trade Calls	Decedent's Birth Place
Switch User	City or Town County State or US Territory Country
	< Charleston Kanawha West Virginia United States
	Ever in US Armed Forces? No
	Cancel Amendment Validate Page Validate Amendment Save Clear Return

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



 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	16430 2022008 /Personal Valid With Amendment Page The Amendment has Type	3906 :Injury Cause Test Exceptions/Medical Valid/Register not been affirmed. Please select A Personal	JUN-01-2022 An red/Signed/Certified/ICD mendment Affirmation to Amendment Date	Affirm the amendment.		16	
Death Registration Menu	Year	2024	- Amendment Number	MMM-dd-yyyy 4288		IT y	ou need to change
Personal Information				[the the	e amendment you
Decedent	Order Number		Description				at manufacture in the second
Resident Address	Amendment Status	Keved (Requires Affirmation)				ju	st made, click the
Place of Death		Treyee (Trequiles Fillin Trailory					Edit Link
Family Members	Page to Amend	~					
Informant						·	
Disposition	Item In Error	Item as it A	ppears I	tem as it Should be	Edit	ete	
Decedent Attributes	Decedent-Date of Bi	rth JAN-01-200	. 00	JAN-02-2000	Edit Dele	ete	
Medical Certification							
Pronouncement			0	- devent Meltidate American		Deturn	Click the Delete
Cause of Death			Cancel Ame	validate Amendme	Save Clear	Return	Link to delete the
Other Factors							Link to delete the
Injury							amendment
Certifier							
Registrar							
Amendment List							
Other Links							
Amendments							
Attachments							
✓ Comments							
Print Forms							
Trade Calls							
Switch User							

 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



• 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: I he 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 Mffrm 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.

- 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 messag	ge stating the amendment has	s been approved				
M	essages		6	Send Message	✔ Mark as Read	× Remove	e from List
	From	Subject	Message		Date Sent		
	Sabrina McClure	Case 16430 Amendment Approved	The amendment submitted for: 16430: ; Injury Caus JUN-01-2022 has been Approved.	e Test, Event Date:	9/20/2024 1:18	3:12 PM	
	Sabrina McClure	Case 16430 Amendment Approved	The amendment submitted for: 16430: ; Injury Caus JUN-01-2022 has been Approved.	e Test, Event Date:	9/20/2024 1:17	7:34 PM	
			Clicking on these link will take y	ou directly to t	he 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

Clear

Return

Case 16430 Amendment Approved Inbox ×

wvdavenoreply@wv.gov

Funeral Director

D

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

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.

Return to Table of Contents

1:17 PM (10 minutes ago) 🔥 🕤 🗄

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	20241000003 :Bailey-Kirk Funeral Home
	Applicant Services	Applicant
Order Processing Menu	Payments Summary	Applicant: Person Organization
	Switch User	Organization
	-	Name:• Bailey-Kirk Funeral Home
		Address
		Pre Street Post Street Number Directional Street Name Designator Directional Apartment Number
		1612 V Honaker V
		Zip Code City or Town State Country 24740 Princeton West Virginia United States
		Contact Information
		Attention:
		Phone Number: Alternate Number: Fax Number:
		Email: NoOne@NoWhere.com
		Shipping Information Same as Applicant? 🗹
		Clear Save Next Return

• The applicant field will automatically be populated with the funeral home the case was completed by
20241000003 /Order Valid/Inco	:Bailey-K omplete	irk Funera	al Home							
Applicant										
Applicant: Perso	on Orga	nization	Expedite Order							
Organization										
Name:▶ Bailey-Ki	irk Funeral	Home								
Address										
Street Number D	Pre Directional	Street Nam	ne		Street Designator		Post Directional	Apartmen	t Number	
1612	~	Honaker			Avenue	~	~			
Zip Code C	ity or Towr	1	State	Co	untry					
24740 F	Princeton		West Virginia	Un	nited States					
Contact Informat	tion					_				
Attention:										
Phone Number:	_		Alternate Number:			Fax Numb	er:			
Email:	NoOne@	NoWhere.c	om							
Shipping Informa	ation Same	as Applica	nt? 🗹							
								Clear	Save Next	Return
	•									
If the Death C	Certified	Copy nee	ds to be emailed s	om	ewhere besi	des				
your office u	ncheck tl	his hoy ar	nd you will be able	to	enter shinnir	hα				
information	neneek ti		ia you will be able		enter snippli	18				
mornation										

• 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	
Name	
Name Unknown	
Prefix First Middle Last	Suffix
Address	
Street Number Directional Street Name	Street Post Designator Directional Apartment Number
Zip Code City or Town State	Country
	United States
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 Applicant Services Payments Summary Switch User	20241000003 :Bailey-Kirk Funeral Home /Order Invalid/Incomplete/No Services 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?	Click Add Service Button
	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. Add Service Save Previous Next Return	

• Clicking Add Service will bring you to this screen

20241000003 :Bailey-Kirk Funeral Home /Order Invalid/Incomplete/No Services			
Services			
Source Internet Funeral Home Rece	eived Date OCT-16-2024	Fee Effective Date OCT	-16-2024 🗰 -dd-yyyy
Will this order be paid for by Credit Card? 🗾			
1 Name: New Trainee Applicant Relationship to Registrant: Funeral Hor	ne	Delivery	
Request Reason	Other Specify	V Denvery	
· · · · · · · · · · · · · · · · · · ·			Save Cancel
			Add Service
		Save	revious 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
×
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**





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

Request Reason × * Employment Estate / Inheritance Apostille / Authentication Genealogy / Family History Title Change Immigration Income Tax Insurance Legal Marriage Marriage Over seas Missing Heir Search Other Retirement / Pension Agency Investigation Social Security Agency Benefits Review Veterans Benefits Stock Transfer Clear Title on Property

• Then click the **Save** Button

20241000003 :Bailey-Kirk Funeral Home

/Orc	ler Invalid/Incomplete/Insuf	fficient Funds						
Servi	ces							
Sour	ce Internet Funeral Hor	me 🗸 Rece	ived Date MM	CT-16-2024	Fee Effective	e Date M	DCT-16-2024 MM-dd-yyyy	
Will	this order be paid for by Cre	dit Card? 🔽						
1 Nam App	e: New Trainee licant Relationship to Regis Service	trant: Funeral Hon Quantity	ne Priority	Delivery	Request Reason	Other	Fee	
1	Death Certified Copy	2	Regular	MAIL		e the	\$24.00	Edit Reverse
								Add Service
						Save	Previous	Next

- 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	20241000003 :Bailey-Kirk Funeral Home	
Applicant Services	Payments Received Date: OCT-16-2024	Fee Effective Date: OCT-16-2024
X Summary Switch User	WV E-PAY	SubTotal: \$24.00
		Sub rotal: 524.00 Total: = \$24.00 Paid: \$0.00
		Balance: = \$24.00 Change Due: \$0.00

• Click WV E-Pay to complete payment information

Order Processing Menu Applicant	20241000003 :Bailey-Kirk Funeral Home /Order Invalid/Incomplete/Insufficient Funds Payments				
Payments	Received Date: OCT-16-2024	Fee Effective Date:	OCT-16-2024		
× Summary Switch User	WV E-PAY		SubTotal: \$24 Total: = \$24 Paid: \$0	4.00 4.00 0.00	
Click WV E-PAY to complete payment information	е 		Balance: = \$24 Change Due: \$0 Edit Pay	4.00 J.00 er Previous	Next

Clicking WV E-Pay will bring up this pop	o up window
	uat.davewv.vitalchek.com says
	Redirecting to WV E-Pay system, please ensure you click Continue after you have completed your payment
L	Click OK

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



1	12.00			
\mount: \$	12.00			
e:				
e:				
de of US				
<i>∎</i> •				
	e:	e:	e:	e:

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



Select Credit Card if you are	Health Statistics Center
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:
Enter the required information outlined	Last Name:
in red	Outside of US
	Address:
	City:
	State: WV 🔻
	Zip Code:
	Phone:
	Email:
	I understand that my billing statement will say WV State Treasury.
	Cancel



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



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



Calast Chask if you are new	Health Statistics Center
ing 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:
Enter the required	Last Name:
information outlined	Outside of US
in red	Address:
	City:
	State: WV 🔻
	Zip Code:
	Phone:
	Email:
	I understand that my billing statement will say West Virginia State Treasurer.



WEST VIRGINIA Department of
Health
Human
Resources
BUREAU FOR PUBLIC HEALTH
Health Statistics Center

	Health Statistics Center
	Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment
	Credit Card
	Check
	Payment Amount: \$12.00
	Company:
	First Name: Funeral
	Last Name: Director
	Outside of US
	Address: 1st Street
	City: St Albans
	Shate un/ -
	JUSIE. WYY Y
	Zip Code: 25177
After entering the required	Phone: 304-000-0000
information, check the box	Email:
and the fields to enter your	
bank account information	I understand that my billing statement will say West Virginia State Treasurer.
will pop up	Only Checking Accounts are accepted
	Account Name
	Routing Number
	Account Number
	Re Enter Account Number
Enter	the bank account infor- on, then click Pay Cancel

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

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



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



• After clicking Continue, you will see this screen

		Und	der Status you will see either Ar	pproved or Unknown
		Арр	proved means the payment was	approved
Order Processing Menu Applicant	20241000003 :Bailey-Kirk Funeral Home /Order Valid/Incomplete Payments	Unl	known means there was a prob	lem with payment
Match Events Services	Received Date: OCT-16-2024	Fee Effective Date: OCT-16-2	2024	
Payments ✓ Summary Validate Order	Credit Payment Date User Card Number Exp D	ate CVCI Auth AVS	Status Amount	
Assign Status Attachments	OCT-24-2024 sysadmin	Code	Approved \$24.00	
Switch User		SubTota Total: Paid: Balance Channe	al: $\frac{\$24.00}{\$24.00}$ = $\$24.00$ e: = $\$0.00$ > 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	202410000	003 :Ba	iley-Kirk Funera	l Home							
Applicant	Order Sum	i/incomp	liete								
Services	order ournin	indi y									
Payments	Source: In	ternet Fu	ineral Home			ProCheck / Pro	ID Status:				
Summary	Received D	ate: OC	T-16-2024			Fee Effective D	ate: OCT-1	6-2024			
Switch User	Completed	Date:									
	Applicant Ir	formatio	n			Payment Infor	mation				
	Name: Bailey-Kirk Funeral Home Address: 1612 Honaker Avenue Princeton, West Virginia 24740				Type Amount User						
					Credit/Debit Card \$24.00 Internal Ad				dministrator		
	Attention:					Paid:	\$24.00		Click Red	eint to	orint a receint
	Email: N	loOne@l	NoWhere.com			Due:	\$24.00		for your	rocorde	
		-				Balance:	\$0.00			records	
	Event Reque Event Type: Relation: Status: Comments:	ested	Death Funeral Home /Personal Valid/I	Medical Valid/Re	egistered/Sign	ed/Certified	Amen	d Receipt Ma	ailing Envel	lope Mailir	ng Label
	Matched Ev	rents			Services						
	Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Nar	me	Quar	ntity Priority	Delivery	Fee	
	New	Yes	0		Death Certi	fied Copy	2	Regular	MAIL	\$24.00	Issue
	Trainee		° °		Death Veter	rans Affairs Cop	y 1	Regular	MAIL	\$0.00	Issue
	Email: Vooregavownere.com Event Requested Event Type: Death Relation: Funeral Home Status: /Personal Valid/Medical Valid/ Comments: Matched Events Registrant Match Total Number of Date of Last Issuances Issuance New Yes 0 New Order Copy to New Submit Order Void		Order Void	Issuance Hist	tory			(Previous	Return	
Click Submit Order to the State Office	to submit t for processi	he ord ng									

• 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

		West Virginia Department of	Health and Human Resouces
Health, Bureau for Public Health	Order Receipt	V 350 Capitol Street Roo	West Virginia Vital Registration m 165, Charleston, WV 25301
Order Numbo Applicat	er: 20241000003 nt: Bailey-Kirk Funeral Home	3	FD
		c	Order Date: 10/16/2024 03:14
Ship To:	Kirk Europel Llome		
1612 H	onaker Avenue		
Princeto	on, WV 24740		
Order Number:	20241000003	Order Date: 10/16/2024 3	3:14
Applicant:	Bailey-Kirk Funeral Home	Payment Type: Credit Card	
Payer:	1612 Honaker Avenue		
	Princeton, WV 24740		
		D. P. C.	The second

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



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

Search for an order		
Search By Order	Search by Event Requested	
Order Number: Image: Constraint of the second sec	First Name:	
Search by Applicant Organization Name: First Name: Last Name: Phone:	Search by Matched Event Event Type: Birth Search Criteria 1: Value 1: Search Criteria 2: Value 2:	
Maximum records to display: 200		Search Clear Soundex

- 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 Applicant

Search By Order	
Order Number:	20241000003
VPS Order Number:	
Security Paper Number:	
Tracking Number:	
Check/Money Order Number:	
Received between MMM-dd-yyyy	and MMM-dd-yyyy

Search by Matched Event

Organization Name:	Event Type: Birth
First Name:	Search Criteria 1:
Last Name:	Value 1:
Phone:	Value 2:
Maximum records to display: 200	

Clicking Search will bring you to this page •

Search

Then click Search

Clear

Soundex



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



- 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 i	ssue with thi	s order is tha	t payment hasn't bee	en complete	d			
20241000005 :Bailey	/-Kirk Funeral	Home	mitted					
Order Numary Order Summary Source: Internet Funera Received Date: OCT-24 Completed Date:	al Home -2024	unds <mark>order Su</mark>	ProCheck / Fee Effectiv	ProID Status: ve Date: OCT-2	4-2024			
Applicant Information Name: Bailey-Kirk Fu Address: 1612 Honake Princeton, We Attention:	neral Home r Avenue sst Virginia 2474	0	Payment li Type Paid: Due:	nformation	Amount \$0.00 \$12.00	User		
Phone: Email: NoOne@NoW Event Requested	/here.com		balance.		\$12.00			
Event Type:DRelation:FStatus:/IComments:	eath uneral Home Personal Valid/N	Nedical Valid/Re	egistered/Signed/Certified	Amen I/NA	d Receipt	Mailing Env	velope Maili	ng Label
Matched Events		D	Services					
Registrant Match ^{Io} Train Yes Trainer Yes	tai Number of Issuances 0	Jate of Last Issuance	Service Name Death Certified Copy	Quantity	Priority Regular	Delivery MAIL	Fee \$12.00	Issue
	20241000005 :Bailey /Order Invalid/Incomplet Order Summary Source: Internet Funera Received Date: Applicant Information Name: Bailey-Kirk Fu Address: 1612 Honake Princeton, We Attention: Phone: Email: NoOne@NoW Event Requested Event Type: D Relation: Fin Matched Events Registrant Match Train Yes	The issue with this 20241000005 :Bailey-Kirk Funeral /Order Invalid/Incomplete Insufficient F Order Summary Source: Internet Funeral Home Received Date: OCT-24-2024 Completed Date: Completed Date: Applicant Information Name: Name: Bailey-Kirk Funeral Home Address: 1612 Honaker Avenue Princeton, West Virginia 2474 Attention: Phone: Email: NoOne@NoWhere.com Event Requested Event Type: Death Relation: /Personal Valid/M Comments: Matched Events Registrant Match Total Number of Issuances Train Yes 0	The issue with this order is that 20241000005 :Bailey-Kirk Funeral Home /Order Invalid/Incomplete Insufficient Funds Order Summary Source: Internet Funeral Home Received Date: Applicant Information Name: Bailey-Kirk Funeral Home Address: 1612 Honaker Avenue Princeton, West Virginia 24740 Attention: Phone: Email: NoOne@NoWhere.com Event Requested Event Type: Death Relation: /Personal Valid/Medical Valid/Rel Matched Events Registrant Match Total Number of Issuances Trainer Yes 0	The issue with this order is that payment hasn't been and the issue with this order is that payment hasn't been and the issue with this order is that payment hasn't been and the issue with this order is that payment hasn't been and the issue with this order is that payment hasn't been and the issue of the issue	The issue with this order is that payment hasn't been completed 20241000005 : Bailey-Kirk Funeral Home /Order Invalid/Incomplete Insufficient Funds Order Submitted Order Summary Source: Internet Funeral Home ProCheck / ProID Status: Received Date: Completed Date: Payment Information Applicant Information Payment Information Name: Bailey-Kirk Funeral Home Type Address: 1612 Honaker Avenue Paid: Princeton, West Virginia 24740 Due: Balance: Phone: Balance: Email: NoOne@NoWhere.com Event Requested Event Type: Death Amen Relation: Funeral Home Services Status: /Personal Valid/Medical Valid/Registered/Signed/Certified/NA Comments: Services Services Registrant Matched Events Service Name Quantity Train Yes 0 Service Name Quantity	The issue with this order is that payment hasn't been completed 20241000005 :Bailey-Kirk Funeral Home /order Invalid/Incomplete Insufficient Funds Order Submitted Order Summary Source: Internet Funeral Home Received Date: OCT-24-2024 ProCheck / ProID Status: Fee Effective Date: OCT-24-2024 Source: Internet Funeral Home Received Date: Payment Information Name: Bailey-Kirk Funeral Home Princeton, West Virginia 24740 Payment Information Name: Bailey-Kirk Funeral Home Princeton, West Virginia 24740 Type Attention: Paine: \$12.00 Phone: Balance: \$12.00 Event Requested Amend Receipt Event Type: Death Amend Receipt Status: /Personal Valid/Medical Valid/Registered/Signed/Certified/NA Services Comments: Services Service Name Quantity Priority Train Yes 0 Service Name Quantity Priority Death Certified Copy 1 Regular	The issue with this order is that payment hasn't been completed 20241000005 :Bailey-Kirk Funeral Home //order Invalid/Incomplete Insufficient Funds Order Submitted Order Summary Source: Internet Funeral Home Received Date: OCT-24-2024 ProCheck / ProID Status: Received Date: OCT-24-2024 ProCheck / ProID Status: Received Date: OCT-24-2024 Applicant Information Name: Balley-Kirk Funeral Home Princeton, West Virginia 24740 Attention: Prince Payment Information Phone: Balance: Event Requested Status: Event Type: Death Issuances Registrant Match Total Number of Issuances Date of Last Issuances Registrant Match Total Number of Issuances Date of Last Issuances Services Service Name Quantity Service Name Quantity Priority Death Certified Copy 1 Regular	The issue with this order is that payment hasn't been completed 20241000005 :Bailey-Kirk Funeral Home /Order Invalid/Incomplete Insufficient Funds Order Submitted Order Summary Source: Internet Funeral Home ProCheck / ProID Status: Received Date: OCT-24-2024 Received Date: Fee Effective Date: OCT-24-2024 Applicant Information Payment Information Name: Bailey-Kirk Funeral Home Princeton, West Virginia 24740 Address: 1612 Honaker Avenue Princeton, West Virginia 24740 Phone: Balance: Statustion: Ype Phone: Balance: Statustion: /Personal Valid/Medical Valid/Registered/Signed/Certified/NA Comments: Services Matched Events Services Registrant Match Total Number of Issuance Date of Last Issuance Registrant Match Total Number of Issuance Date of Last Issuance Service Name Quantity Priority Delivery Fee Death Certified Copy 1 Regular MalL S12.00

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