
County Training

Center for Health Statistics



Today's Agenda

- Importance of using **OVERS**
- Working Copies
- Veterans Copies
- Intaglio Paper
- Fees
- Status Line
- Problem Orders
- Cashier Close



Importance of using OVERS for all orders

- Find and track all orders.
- Track which records are issued.
- Know who is getting the record and why.
- Ensure that correct fees are paid.
- Track the inventory of unused and used certificate paper.
- Follow law ORS 432.380(14).



Working Copies

- Do not provide customers with working copies of the record.
- Working copies are intended for internal use only.
- Releasing working copies creates a risk for fraud.

123546
10. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First Middle Last Brian Test		2. Death Date March 04, 2020	
3. Sex Male	4. Age 100 years	5. Social Security Number None	6. County of Death Multnomah
7. Date of Birth March 01, 1920	8. Birthplace Sandy, Oregon	9. Decedent's Education Master's degree	10. Was Decedent Ever in U.S. Armed Forces? No
11. Was Decedent of Hispanic Origin? No	12. Decedent's Race(s) White	13. Was Decedent Ever in U.S. Armed Forces? No	
14. Residence: Number and Street 123 Main Street		15. City/Town Sandy	16. State or Foreign Country Oregon
17. Marital Status at Time of Death Never married	18. Zip Code + 4 97055	19. Inside City Limits? Yes	
20. Usual Occupation Teacher		21. Spouse's Name Prior to First Marriage	
22. Father's Name John Test		23. Kind of Business/Industry Teaching	
24. Informant's Name Jill Test		25. Mother's Name Prior to First Marriage Jane Doe	
26. Telephone Number Not Available	27. Relationship to Decedent Aunt	28. Usual Address 8123 Juniper Road, Beaverton, OR 97009	
29. Place of Death Hospital-Inpatient	30. Facility Name OHSU Hospitals and Clinics	31. City/Town or Location of Death Portland	
32. Location of Death 3181 SW Sam Jackson Park Road	33. State Oregon	34. Zip Code + 4 97239	35. Location Portland, Oregon
36. Method of Disposition Cremation	37. Place of Disposition Riverview Abbey Crematorium	38. Name and Complete Address of Funeral Facility Tulip Cremation Inc 920 SW 6th Avenue 10C134, Portland, Oregon 97204	
39. Date of Disposition March 05, 2020	40. Funeral Director's Signature Funeral Director	41. OR License Number PS-0555	42. Local File Number
43. Registrar's Signature	44. Date Received New	45. Amendment	
46. Was case referred to Medical Examiner? Unknown	47. Autopsy? No	48. Were autopsy findings available to complete the cause of death?	49. Time of Death 12:01 PM
50. CAUSE OF DEATH IMMEDIATE CAUSE - a. Stroke		Approximate Interval From Cause to Death 5 minute	
b. Due to (or as a consequence of) -			
c. Due to (or as a consequence of) -			
d. Due to (or as a consequence of) -			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.			
52. Manner of Death Natural	53. If Female Not Applicable	54. Did tobacco use contribute to death? Yes	
55. Date of Injury	56. Time of Injury	57. Place of Injury	58. Injury at Work?
59. Location of Injury			
60. Describe how injury occurred			
61. Name and Address of Certifier Medical Test Certifier 3181 SW Sam Jackson Park Road, Portland, Oregon 97239		62. If transportation injury, specify:	
63. Name and Title of Attending Physician, Other than Certifier Not Available		64. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner stated. /s/ Medical Test Certifier	
65. Title of Certifier M.D.		66. Date Signed	
67. License Number MD172956		68. Amendment	

45-2V (01/05)

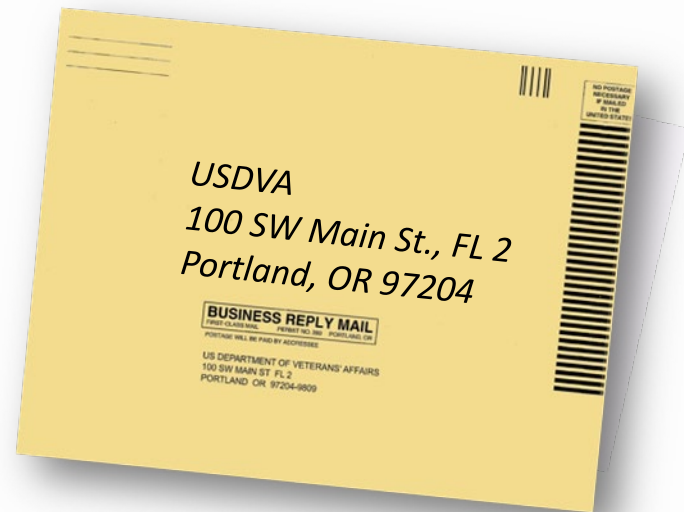
Veterans Copies

- You can send up to two death certificates for a veteran to Veterans Affairs offices per ORS 432.435.
- Stamp the certificate “Veteran’s Claim Use Only”.
- Copies only sent to VA office.
- Funeral homes do not receive free VA certificates.
- County vital record offices should not provide free certificates directly to veterans or family members.



Veterans Copies

- The postage-paid envelopes we provide to counties are for **Veteran's Use Only.**
- Mail to United States Department of Veterans' Affairs.
- The order form to request more envelopes is located [here](#).




Intaglio Paper-Security Paper used to print certificates

- Maintain physical security of the certificate paper.
- Part of Triennial Review criteria.
- Don't forget to shred the original certificates issued which have been replaced.



Intaglio Paper

- Security paper needs to be voided when a customer is returning the original for replacement, and when it gets ruined or destroyed in the printing process.
- Email the Tracking Voids Excel Spreadsheet with a list of the voided security paper numbers. Send on the 1st and 15th of every month.



Email the
spreadsheet to
[CHS.VitalRecords
@dhsosha.state.or.us](mailto:CHS.VitalRecords@dhsosha.state.or.us)

Intaglio Paper Spreadsheet

	A	B	C	D	E	F	G
1			> Email a new list on the 1st and 15th day of every month as an attachment to: CHS.Vitalrecords@dhsosha.state.or.us				
2			> If you have no voids during the above specified time frames, no email needs to be sent to CHS.				
3			> Entering leading zeroes in intaglio paper numbers is optional.				
4			> Please send a new list on the days specified using this formatted excel sheet. Do not send an intaglio paper number more than once.				
5							
6		[Enter County Office Name Here]					
7		Intaglio Paper To Be Voided					
8		Starting Numbers	Ending Numbers	Reason for Void			
9		1234567	1234567	Printer malfunction			
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

Fees

Services	Fee	Fee Collected by
Birth Certificates - First Copy	\$25.00	County & State
--Each Additional Copy	\$25.00	County & State
Death Certificate - First Copy	\$25.00	County & State
--Each Additional Copy	\$25.00	County & State
Amendment Fee	\$35.00	State Only
Certificate Replacement Fee	\$5/per replacement One free replacement for birth certificates. No charge replacement if only the medical portion of a death record is amended. \$5/per replacement if the personal section of the death record is amended.	County & State
Verification fee (after 5 free verifications)	\$10(first 5 for free)	State Only
Certified Copy of Birth Record requested as image (no discounts for additional copies)	\$30 each	State Only
Amednment Expedite Fee - by arrangement- for amendment within 3 work days	\$30 each	State Only

Fees

- No refunds are issued after the record search has been completed.
- Do not refund a search fee because a correction is needed.

Fees
and
Sales

OAR
333-011-0340



Status Line

[/Order Valid/Completed](#)

Order Summary

Source: Counter
Received Date: APR-07-2016

ProCheck / ProID Status:
Fee Effective Date: APR-07-2016

Applicant Information Name: Mom Example Address: 111 1st Street S Portland, Oregon 97232 Attention: Mom Example Phone: (555) 555-5555 Email:	Payment Information <table border="1"> <thead> <tr> <th>Type</th> <th>Amount</th> <th>User</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$25.00</td> <td>County Skeleton Key</td> </tr> <tr> <td>Paid:</td> <td>\$25.00</td> <td></td> </tr> <tr> <td>Due:</td> <td>\$25.00</td> <td></td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>	Type	Amount	User	Cash	\$25.00	County Skeleton Key	Paid:	\$25.00		Due:	\$25.00		Balance:	\$0.00	
Type	Amount	User														
Cash	\$25.00	County Skeleton Key														
Paid:	\$25.00															
Due:	\$25.00															
Balance:	\$0.00															

Event Requested

Event Type: Birth Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label
Relation: Mother

Relocate File Number:
Conversion Locate Number:
Status: /Legal Valid/Medical Valid/Certified/Not Registered/Registration Approval Required - AOP/AOP Pending
Amendments:
Comments:

Matched Events <table border="1"> <thead> <tr> <th>Registrant</th> <th>Match</th> <th>Total Number of Issuances</th> <th>Date of Last Issuance</th> </tr> </thead> <tbody> <tr> <td>Child Example</td> <td>Yes</td> <td>1</td> <td>APR-07-2016 02:53 PM</td> </tr> </tbody> </table>	Registrant	Match	Total Number of Issuances	Date of Last Issuance	Child Example	Yes	1	APR-07-2016 02:53 PM	Services <table border="1"> <thead> <tr> <th>Service Name</th> <th>Quantity</th> <th>Priority</th> <th>Delivery</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Birth CC Short </td> <td>1</td> <td>Regular</td> <td>COUNTER</td> <td>\$25.00 Issue</td> </tr> </tbody> </table>	Service Name	Quantity	Priority	Delivery	Fee	Birth CC Short	1	Regular	COUNTER	\$25.00 Issue
Registrant	Match	Total Number of Issuances	Date of Last Issuance																
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Service Name	Quantity	Priority	Delivery	Fee															
Birth CC Short	1	Regular	COUNTER	\$25.00 Issue															

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

Status Line

Statuses	
Registration Approval Required	Do not issue. The State's Registration approval is required.
Not Registered	Do not issue. Has not yet been registered in OVERS.
Missing Child	Child may be missing. Contact the State before issuing. - (971) 673-1182 or (971) 673-1178
Deceased	Child's birth record has been matched to a death record. Stamp birth record with Deceased stamp.
Do not issue	Contact the State before issuing. (971) 673-1182 or (971) 673-1178
Fraudulent Activity	Contact the State before issuing. (971) 673-1182 or (971) 673-1178
Monies owed	Money is owed to the State for this record. Contact the State before issuing. - (971) 673-1182
Legal Action	Contact the State before issuing. (971) 673-1182 or (971) 673-1178
Probable Birth Death match	Infant may be deceased. Contact the State Registration Unit before issuing. If confirmed stamp the record "deceased".
Hold	State has placed a hold on the record. Contact the State for details. (971) 673-1182 or (971) 673-1178
AOP Pending	Acknowledgement of Paternity has not been established. Record, do not issue

Take a closer look before you issue



Handling Problem Orders

- Accept the order and the fee.
- Mark the order form to show the wrong information on the record.
- Do not give the customer a working copy of the record (for internal use only).
- If needed, give the parents a copy of the order form.



Example:

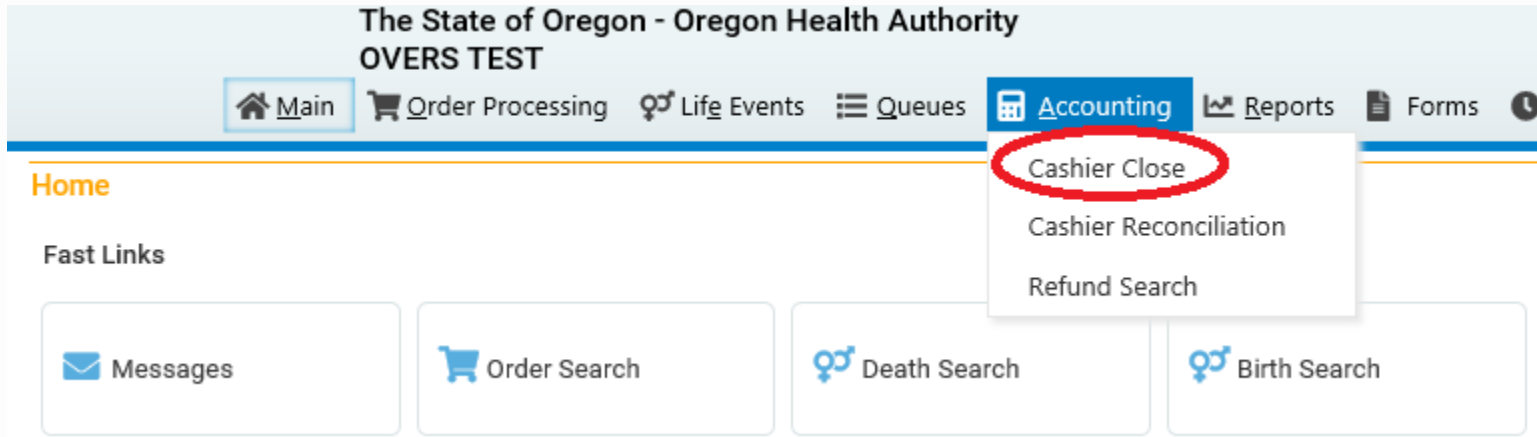
Customer comes up to the counter and places an order. A search is performed, and it is discovered that there is a discrepancy between the order and the record for mother's maiden name. Ask the customer to verify the information they provided. **If the customer verifies the incorrect information on the order, they will need to be told that that is not what is on the record, but DO NOT TELL THEM WHAT THE CORRECT INFORMATION IS.** The customer **MUST** provide the correct information before the record can be released. The order must be held until the customer has provided the correct information.

Cashier Close

- Reconciliation tool for revenue and payment types for orders.
- Provides information about revenue flow, transaction summaries, as well as order processing and revenue intake.
- Should be run on a regular and routine basis (at least weekly).



Cashier Close



Cashier Close

The State of Oregon - Oregon Health Authority
OVERS TEST

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Start Date: 12/27/2012 11:26:58 AM

End Date: 01/22/2021 03:43:46 PM

Cashier Close

Qty \$ 1	<input type="text"/>
Qty \$ 2	<input type="text"/>
Qty \$ 5	<input type="text"/>
Qty \$ 10	<input type="text"/>
Qty \$ 20	<input type="text"/>
Qty \$ 50	<input type="text"/>
Qty \$ 100	<input type="text"/>
Coins	<input type="text"/>
Total Cash	\$ <input type="text" value="0.00"/>

Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
Total	\$ <input type="text" value="0.00"/>
<hr/>	
Cashier Total	\$ <input type="text" value="0.00"/>
<hr/>	

Reports

Cashier Close
Cashier Worksheet

[Clear](#) [Reconcile](#) [Save](#) [Transactions](#) [Calculator](#)

Cashier Close

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Cashier Transactions

Starting Date: 7/1/2016 9:00:32 AM

Ending Date: 01/22/2021 03:46:49 PM

Order Id	Date Entered	Registrant Name	Fees Charged	Payment Type	Check Number	Amount
2019073	07/30/2019 08:41:44 AM	Braelyn	\$25.00	Check	999	\$25.00
2018061	06/13/2018 09:22:55 AM	Jonathon	\$25.00	Check	18765	\$25.00
2016062	07/01/2016 09:00:32 AM	Janet	\$45.00	Check	1275	\$45.00
2019021	02/14/2019 03:33:44 PM	Jaquan	\$150.00	Cash		\$150.00

Total Records : 4

Transaction Total : \$245.00

Revenue Total : \$245.00

[Print](#) [Return](#)

Cashier Close

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Start Date: 12/27/2012 11:26:58 AM

End Date: 01/22/2021 03:51:03 PM

Cashier Close

Qty \$ 1	<input type="text"/>
Qty \$ 2	<input type="text"/>
Qty \$ 5	<input type="text"/>
Qty \$ 10	<input type="text"/>
Qty \$ 20	<input type="text" value="5"/>
Qty \$ 50	<input type="text" value="1"/>
Qty \$ 100	<input type="text"/>
Coins	<input type="text"/>
Total Cash	\$ <input type="text" value="150.00"/>

Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
Total	\$ <input type="text" value="0.00"/>
<hr/>	
Cashier Total	\$ <input type="text" value="150.00"/>
No Discrepancies.	
<hr/>	

Reports

Cashier Close
Cashier Worksheet

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Cashier Close

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Start Date: 12/27/2012 11:26:58 AM

End Date: 01/22/2021 03:51:03 PM

Cashier Close

Qty \$ 1	<input type="text"/>
Qty \$ 2	<input type="text"/>
Qty \$ 5	<input type="text"/>
Qty \$ 10	<input type="text"/>
Qty \$ 20	<input type="text" value="5"/>
Qty \$ 50	<input type="text" value="1"/>
Qty \$ 100	<input type="text"/>
Coins	<input type="text"/>
Total Cash	\$ 150.00

Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
Total	\$ 0.00

Cashier Total \$ 150.00

Discrepancy exists between the Cashier Total and the total fees due.

Reports

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Start Date: 12/27/2012 11:26:58 AM

End Date: 01/22/2021 03:51:03 PM

Cashier Close

Qty \$ 1	<input type="text"/>
Qty \$ 2	<input type="text"/>
Qty \$ 5	<input type="text"/>
Qty \$ 10	<input type="text"/>
Qty \$ 20	<input type="text" value="5"/>
Qty \$ 50	<input type="text" value="1"/>
Qty \$ 100	<input type="text"/>
Coins	<input type="text"/>
Total Cash	\$ <input type="text" value="150.00"/>

Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
Total	\$ <input type="text" value="0.00"/>
<hr/>	
Cashier Total	\$ <input type="text" value="150.00"/>

No transactions to cashout.

Reports

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Q & A



Contacts

OVERS Help Desk Technical Support

971-673-0279

8:00 am – 5:00 pm Monday – Friday

Caroline Zanot, County Liaison

503-983-8011

Caroline.Zanot@dhsoha.state.or.us



Kathy Ellis, Vital Records Trainer

971-673-1353

Kathy.Ellis@dhsoha.state.or.us

Thank you!