

# **County Webinar Part 2**

## **OVERS Demonstration**

Public Health Division  
Center for Public Health Practice  
Center for Health Statistics

May 2016

**Today's  
Presenters**

Jennifer Woodward  
***State Registrar***

Krystalyn Salyer  
***OVERS Trainer***

# Joining the audio conference

**Choose 2<sup>nd</sup>  
option to  
Dial-In**

**Join Audio Conference**

This meeting's audio conference was successfully started.  
How would you like to join the meeting's audio conference?

Dial-out [Receive a call from the meeting]

Dial-in to the Audio Conference via Phone

**Dial telephone number:**  
Toll access number (Toll): 1 (630) 424-8428  
Toll free access number (Toll Free): 1 (866) 377-3315

**Enter the following details when prompted:**  
Participant pin code: 7909824  
Moderator pin code: 1873059

**Once joined to the audio, identify yourself:**  
Press 998494# on your phone.

[More dial-in information...](#)

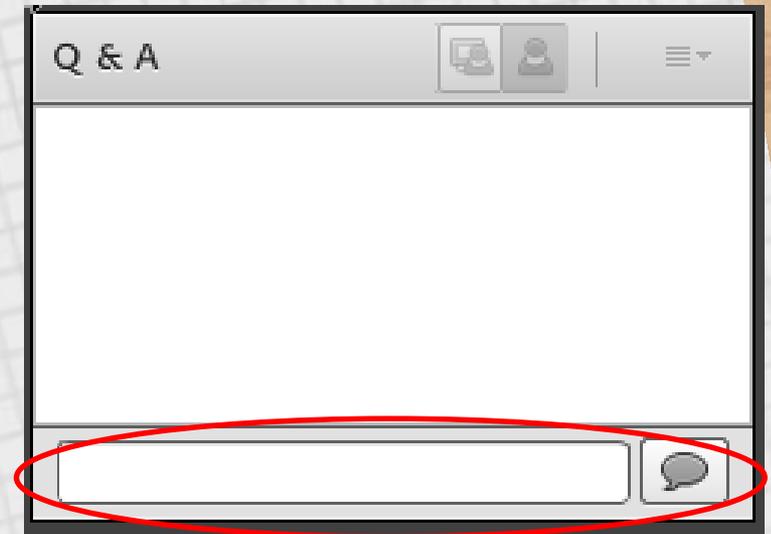
Using Microphone (Computer/Device)

Done Listen Only

# Session Tools

## How we will communicate

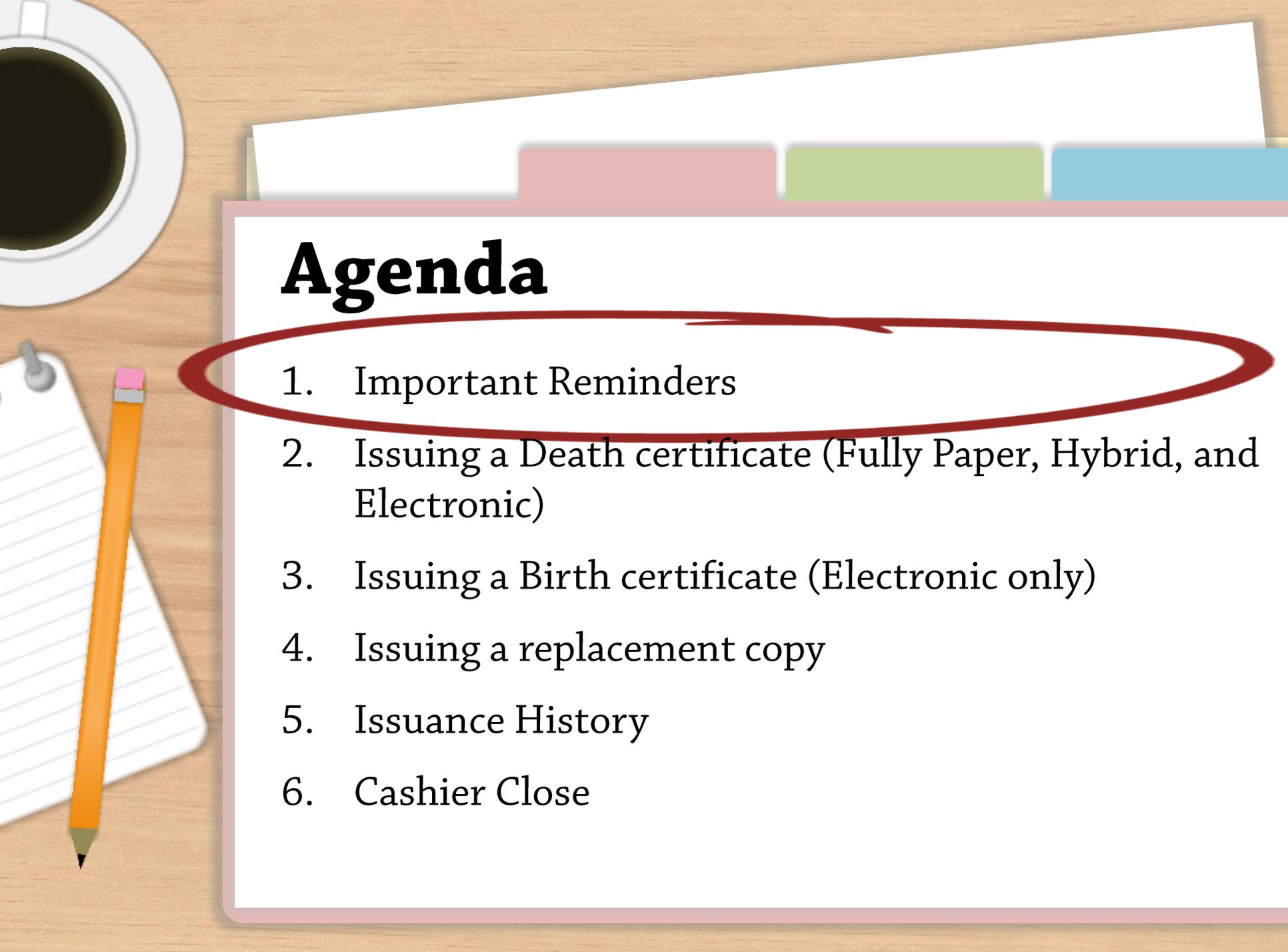
1. **Speak:** when phones unmuted
2. **Q & A:** when we take a break for a discussion, you can use this feature to ask questions





# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Cashier Close



# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Issuance History
6. Cashier Close

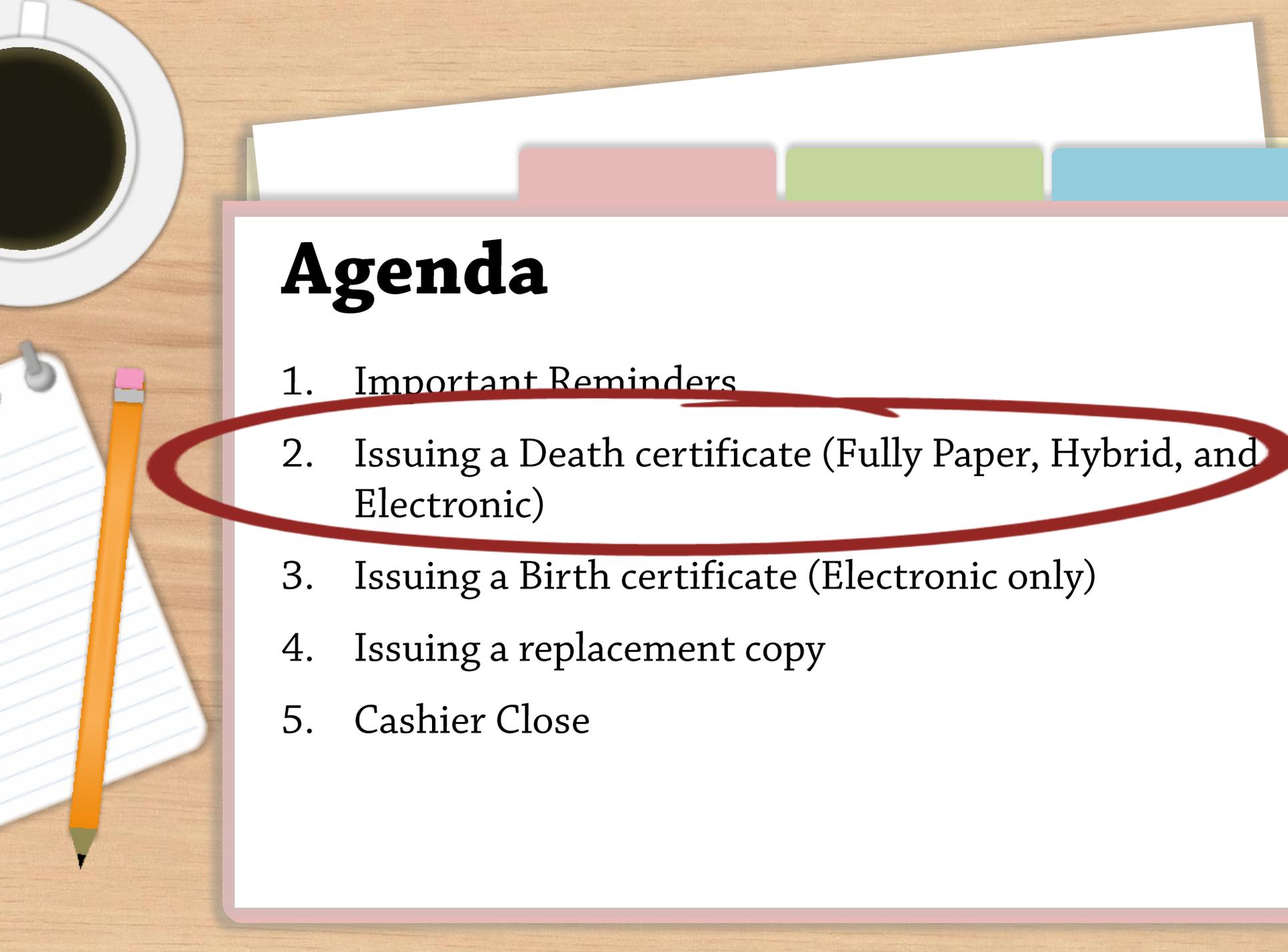
# Why is it important to key in all orders into OVERS?

- 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).

The image shows a sample of an Oregon Certificate of Live Birth form. The form is titled "CERTIFICATE OF LIVE BIRTH" and is issued by the "OREGON HEALTH DIVISION, CENTER FOR VITAL RECORDS". It includes fields for the child's name, date of birth, sex, race, and ethnicity. It also includes fields for the mother's name, date of birth, and hospital information. The form is partially obscured by a yellow diamond-shaped warning sign.

**Fraud  
Ahead**





# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Cashier Close

# Types of Death Records

## 1. Fully paper

- Record has not been entered into OVERS
- Top half is typed with a typewriter, bottom half is hand-written

## 2. Hybrid

- Barcode on left side. Top half of record (funeral directors portion) is in OVERS

## 3. Electronic

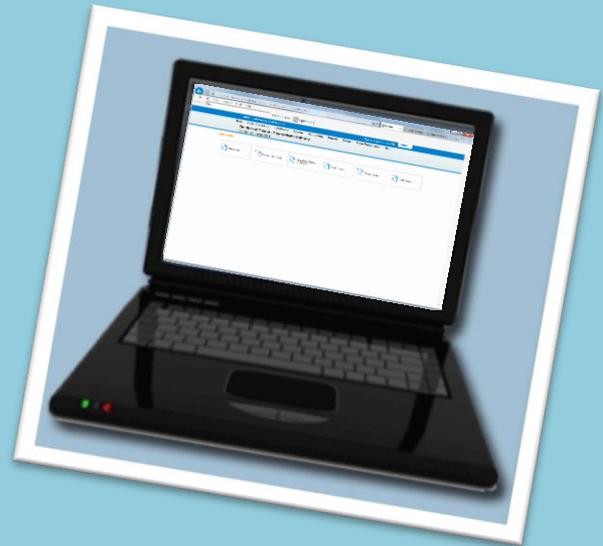
- Record exists in OVERS and was registered at the State

The image shows a sample Oregon Certificate of Death form. The form is titled "OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH". It includes a barcode on the left side with the number "294137". The form is divided into sections: "TO BE COMPLETED BY FUNERAL FACILITY" (top half, typed) and "TO BE COMPLETED BY MEDICAL CENTER" (bottom half, handwritten). The typed information includes: 1. Legal Name: John Doe; 2. Sex: Male; 3. Date of Birth: March 12, 1955; 4. Age: 56 years; 5. Residence: Portland, Oregon; 6. Social Security Number: 516-13-1321; 7. County of Death: Multnomah; 8. Decedent's Education: High School grad. or GED; 9. Was Decedent of Hispanic Origin? No; 10. Decedent's Race: White; 11. Was Decedent Ever in U.S. Armed Forces? Yes; 12. Residence Number and Street: 123 N Oak Street; 13. City/Town: Portland; 14. State or Foreign Country: Oregon; 15. Zip Code: 97111; 16. Marital Status at Time of Death: Never married; 17. Spouse's Name Prior to First Marriage: None; 18. Trade City Limit: Yes; 19. Usual Occupation: None; 20. Kind of Business/Industry: Construction; 21. Father's Name: James Doe; 22. Mother's Name Prior to First Marriage: Martha Miller; 23. Decedent's Name: John Doe; 24. Relationship to Decedent: Son; 25. Mailing Address: 1477 N Pine Street, Portland, OR 97254; 26. Decedent's Residence: 123 N Oak Street; 27. City/Town or Location of Death: Portland; 28. State: Oregon; 29. Zip Code: 97111; 30. Method of Disposition: Burial; 31. Name and Complete Address of Funeral Home: SOS NE 1st Street, Newport, Oregon 97365; 32. Date of Disposition: None; 33. Funeral Home License Number: CO-3002; 34. Registrar's Signature: None; 35. Local File Number: None; 36. Amendment: None; 37. Was case referred to Medical Examiner? No; 38. Final disease or condition resulting in death: Death; 39. Cause of Death: Heart Disease; 40. Date of Injury: None; 41. Location of Injury: None; 42. Describe how injury occurred: None; 43. Name and Address of Certifier: Megan Smith, 14200; 44. Medical Certificate: Megan Smith, M.D.

Barcode indicates report is hybrid and can be found in OVERS

## Minimum Required Fields

- Applicant Name
- Applicant Address
- Applicant Relationship
- Event
  - Registrant First & Last
  - Date of Death
- Service
- Payment
- Validate Order



# Death Fast Order



# Death Fast Order

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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

The Oregon Health Authority

**Fast Links**

- [New](#)
- [Search](#)
- [Birth Fast Order](#)
- [Death Fast Order](#)

 [Current Activities](#)

 [Issuance Queue Summary](#)

 [Death Search](#)

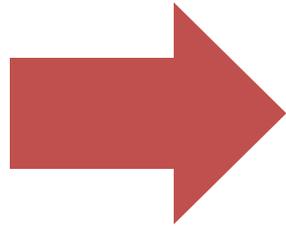
 [Order Search](#)

 [Birth Search](#)



# Death Fast Order-Applicant

## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST



### Death Fast Order

Applicant:  Person  Organization ID Type:  Other:   Expedite Order

Name  
Prefix:  First  Middle

Applicant Address  
Street Number  Pre Directional  Street Name  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

Shipping Information  
 Contact Information

- Valid Driver License
- Valid Passport
- Current Student Picture ID
- Government ID
- Military ID + Address Documentation
- Alien Registration Card + Address Documentation
- Tribal Picture ID + Address Documentation
- Naturalization Certificate + Address Documentation
- Other (Specify)

Who can order a death certificate?

ORS 432.380(3) –  
ORS 432.380(2)(C)(B)(iii)

Applicant Relationship:  Other Specify:

Search

Number:  Year:   Number:

First:   Middle:   Last:

Start:   End:

Birth Start:   End:

Place of Event City:  Place of Event County:

rows to be returned:

# Death Fast Order-Applicant

Multnomah County Vital Records

Welcome back: CountySK

Logout

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

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Death Fast Order

Applicant:  Person  Organization ID Type:    Expedite Order

### Name

Prefix  First  Middle  Last  Suffix

### Applicant Address

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

### Shipping Information

Shipping Name  
Prefix  First  Middle  Last  Suffix

### Shipping Address

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

### Contact Information

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



# Death Fast Order-Eligibility

## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST

### Eligibility

Applicant Relationship:  Other Specify:

### Event Search

File Number: Year:   Number:    
Registrant First:   Middle:   Last:    
Date of Death Start:    End:     
Date of Birth Start:    End:     
Gender:    Place of Event City:   Place of Event County    
Number of rows to be returned:

No Matching Event

Legacy Record

### Service

Source:  Priority:  Delivery:

<input type="checkbox"/> Service	<input type="checkbox"/> Quantity	<input type="checkbox"/> Request Reason	Other specify
<input type="checkbox"/> Death CC Long	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Death Fast Order- Event Search

## Event Search

File Number:   Year:   Number:

First:   Middle:   Last:

Start:    End:   

Date of Birth: Start:    End:   

Gender:    Place of Event City:   Place of Event County:

Number of rows to be returned:

Select	Date of Event	SFN	Registrant Name
<input type="radio"/>			No Matching Event
<input type="radio"/>			Legacy Record
<input checked="" type="radio"/> Preview	MAR-15-2016	2016000018	Smith, Beth

Total records : 1

Search for  
Registrant using:  
First Name  
Last Name  
and  
Date of Death

# Death Fast Order-Preview

## Event Search

File Number: Year:   Number:    
Registrant First:   Middle:   Last:    
Date of Death Start:    End:     
Date of Birth Start:    End:     
Gender:    Place of Event City:   Place of Event County:    
Number of rows to be returned:

**Search** **Soundex**

Select	Date of Event	SFN	Registrant Name	Place of Event
<input type="radio"/>			No Matching Event	
<input type="radio"/>			Legacy Record	
<input checked="" type="radio"/> Preview	MAR-15-2016	2016000018	Smith, Beth	Multnomah

Total records : 1

## Service

Source:   Priority:   Delivery:

Service	Quantity	Request Reason	Other specify
<input type="checkbox"/> Death CC Long	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

# Death Fast Order- Preview

Multnomah County Vital Records

Welcome back: CountySK

Logout

Main **Order Processing** Life Events Queues Accounting Reports Forms Table Maintenance Help

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Event Search

File Number: Year:   Number:    
Registrant First:   Middle:   Last:    
Date of Death Start:   End:     
Date of Birth Start:   End:

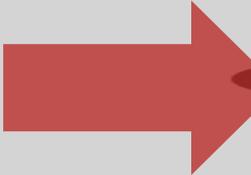
**Preview**

**Preview**

Case Id: 4482546      **Medical Record Number:**      **ME Case Number:**  
Decedent's Name: Beth Smith      **Date of Death:** MAR-15-2016  
**Decedent Alias:**  
**Spouse's Name:**      **Marital Status:** Never married  
**Sex:** Female      **Date of Birth:** JAN-01-1999      **SSN:** None  
**City or Town of Death:** Portland      **County:** Multnomah  
**Place of Death:** Providence Portland Medical Center  
**Residence:** Beaverton Oregon, United States  
**Mother's Maiden Name:** Jane Watson  
**Informant Name:** Jane Smith  
**Funeral Director:** Agreat Funeral Director  
**Funeral Home:** Virgil T Golden Funeral Service, 605 Commercial Street SE, Salem  
**Medical Certifier:** Amedical Certifier  
**Date Entered:** MAR-15-2016      **Last Update Made By:** Registration Sup

**Status:** /Personal Valid/Medical Invalid/Not Registered/Signed/Dropped to Paper/

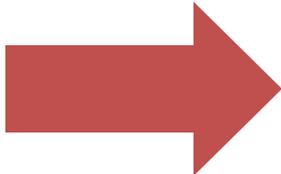
Hybrid records always show as "Not Registered". If you have the legally sufficient death record in your hand, you can issue the certificate.



# Death Fast Order-Service

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Total records : 1



Service

Source **Mail**  
Counter  
Fax  
Service  
Courier  
Overnight Express  
Phone  
Priority Mail

Priority **Regular** Delivery

	Quantity	Request Reason	Other specify
<input type="checkbox"/> Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Death CC	<input type="text"/>	<input type="text"/>	<input type="text"/>

Calculate Fees

Payments

Cash  
 Check  
 No Fee Service  
 Refund

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

Event Requested

Event Type:

[Correspondence](#) [Work Order](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

Relation:

# Death Fast Order-Service

Total records : 1

### Service

Source ▶ Mail ▼

Priority ▶ Regular ▼

Delivery ▶ COUNTER MAIL

#### ▶ Service

Death CC Long

#### ▶ Quantity

#### ▶ Req

#### Other specify

Death CC Short

Death Replace CC No Fee

Death Replace CC Short No Fee

Death Replace CC Short with Fee

Death Replace CC with Fee

Veterans Death CC

Calculate Fees

### Payments

Cash

Check

No Fee Service

Refund

SubTotal: \$0.00

Total: = \$0.00

Paid: \$0.00

Balance: = \$0.00

Change Due: **\$0.00**

### Event Requested

# Death Fast Order- Service

Multnomah County Vital Records

Welcome back: CountySK

Logout

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Total records : 1

Service

Source

Priority

Deliv

Service

Quantity

Death CC Long

1

Death CC Short

Death Replace CC No Fee

Death Replace CC Short No Fee

Death Replace CC Short with Fee

Death Replace CC with Fee

Veterans Death CC

Calculate Fees

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

Other specify

When completing a Death Fast Order, you will only see Death Certificate services available.

Payments

Cash

Check

No Fee Service

Refund

SubTotal: \$0.00

Total: = \$0.00

Paid: \$0.00

Balance: = \$0.00

Change Due: \$0.00

Event Requested

Event Type:

[Correspondence](#) [Work Order](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

# Death Fast Order-Service

Multnomah County Vital Records

Welcome back: CountySK

Logout

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

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Service

Source ▶ Mail ▼ Priority ▶ Regular ▼ Delivery ▶ MAIL ▼

▶ Service	▶ Quantity	▶ Request Reason	Other specify
<input checked="" type="checkbox"/> Death CC Long	1	Legal ▼	
<input type="checkbox"/> Death CC Short		▼	
<input type="checkbox"/> Death Replace CC No Fee		▼	
<input type="checkbox"/> Death Replace CC Short No Fee		▼	
<input type="checkbox"/> Death Replace CC Short with Fee		▼	
<input type="checkbox"/> Death Replace CC with Fee		▼	
<input type="checkbox"/> Veterans Death CC		▼	

**Calculate Fees**

## Payments

- Cash
- Check
- No Fee Service
- Refund

SubTotal: \$25.00  
Total: = \$25.00  
Paid: \$0.00  
Balance: = \$25.00  
Change Due: \$0.00

## Event Requested

Event Type: Death

[Correspondence](#) [Work Order](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

# Death Fast Order- Payments

<input checked="" type="checkbox"/> Death CC Long	<input type="text" value="1"/>	<input type="text" value="Legal"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Death CC	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Calculate Fees**

## Payments

Cash

Check

Number  Payment

No Fee Service

Refund

**SubTotal:** \$25.00  
**Total:** = \$25.00  
**Paid:** \$0.00  
**Balance:** = ~~\$25.00~~  
**Change Due:** **\$0.00**

## Event Requested

**Event Type:** Death [Correspondence](#) [Work Order](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

**Relation:** Funeral Home

**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA

**Relocate Number:**

**Comments:**

## Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	0	

## Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00 Issue

[Next Order](#) [Copy to New](#) [Take me to Regular Order](#) [Void](#) [Issuance History](#)

[Clear](#) [Save & Validate](#)

# Death Fast Order- Issue

When an order is validated,  
[Issue](#) becomes active.

## Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	0	

## Services

Service Name	Quantity	Priority	Delivery	Fee	Issue
Death CC Long	1	Regular	MAIL	\$25.00	<a href="#">Issue</a>

Next Order

Copy to New

Take me to Regular Order

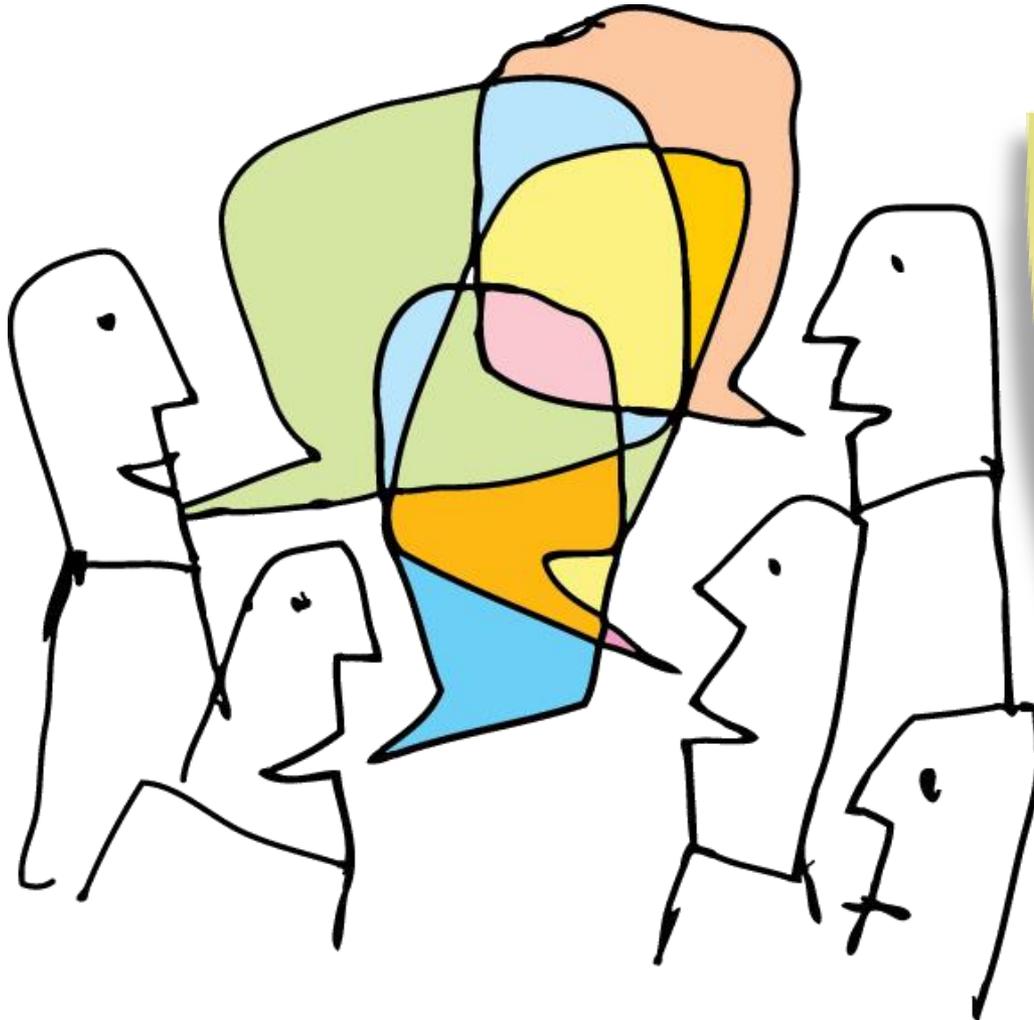
Void

Issuance History

Clear

Save & Validate

# Time to Discuss



Chat

Discuss

Ask Questions

# Death Fast Order- Error Message

For **fully paper death records**, the below error message will always appear.

Next Order Copy to New Take me to Regular Order Void Issuance History Clear Save & Validate

Validation Results Save Overrides Hide

Error Message	Event Id	Service Id	Override
OP0033: Please ensure you did not find a Match for this record before proceeding with this Order. Fully Paper Death Records should be the only Orders processed without a Matched Event. Hybrid and Fully Electronic Records will always have a Matching Event in the Overs System.	1		<input type="checkbox"/>

If the record in your hand is determined to be legally sufficient, you will need to override the error in order to issue.

# Death Fast Order- Issuance

**Issuance**

### Issuances

All	Appr Na	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	<input type="text"/>

Total records : 3

**Actions**  
Print Issuance  
Delete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Void Complete

Save Close

Check the box(es) for the records that you will issue.  
Then click [Print Issuance](#).

# Death Fast Order-Issuance

## Note:

For fully paper and hybrid records, don't click 'Open'. Click the 'x', and make a certified copy on security paper from the record.

Death CC

1

Veterans Benefits

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Issued
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		APR-22-2016
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		APR-22-2016
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		APR-22-2016

Total records : 3

### Actions

Print Issuance

Void

### Numbering

AutoNumber Ascending

AutoNumber Descending

Delete

Complete

Beginning Number

Save

Close

Do you want to open or save Issuances.pdf from or-vitaleventstest.hr.state.or.us?

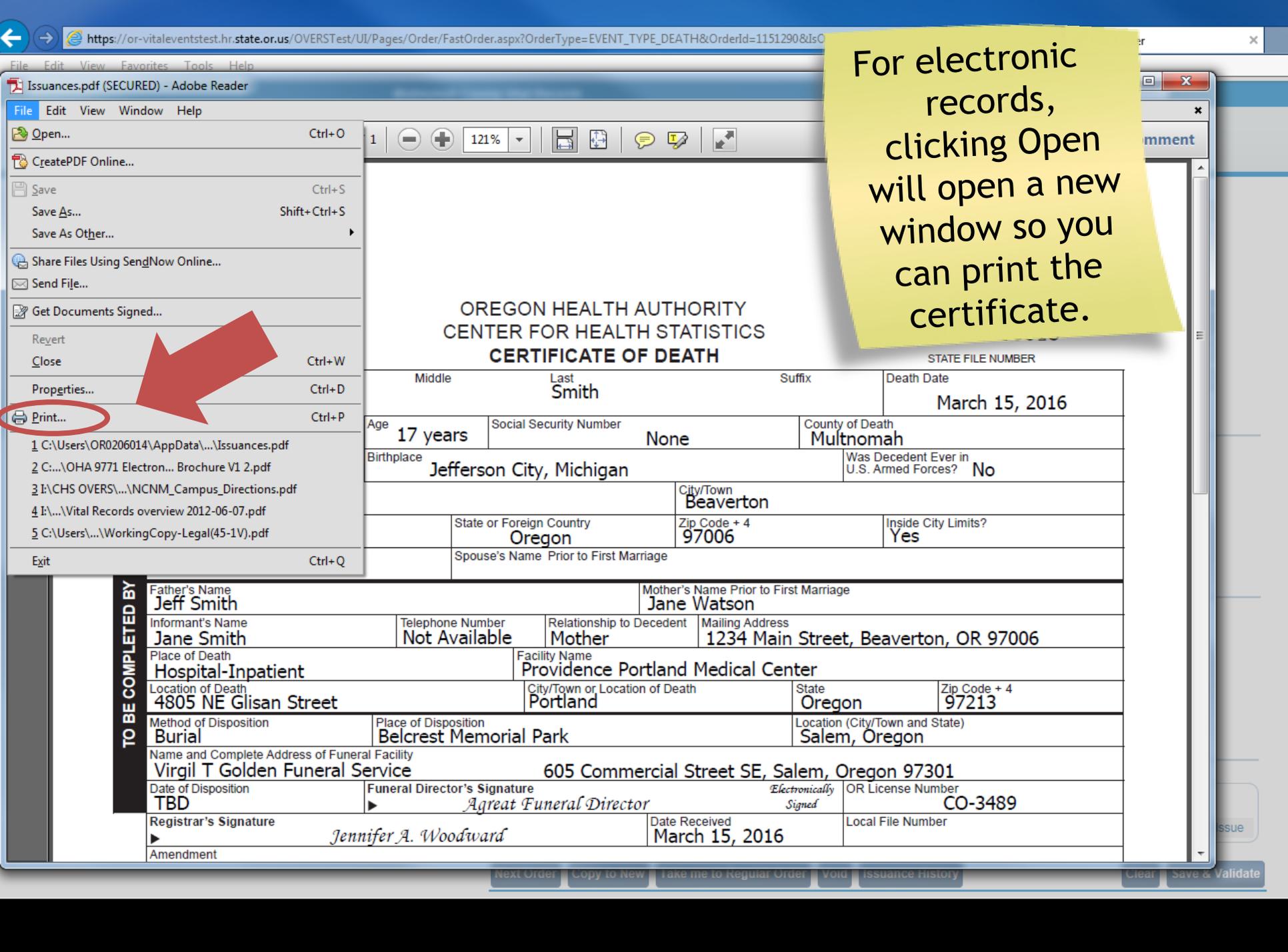
Open

Save

Cancel



Save & Validate



For electronic records, clicking Open will open a new window so you can print the certificate.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

Middle	Last <b>Smith</b>	Suffix	Death Date <b>March 15, 2016</b>
Age <b>17 years</b>	Social Security Number <b>None</b>	County of Death <b>Multnomah</b>	
Birthplace <b>Jefferson City, Michigan</b>		Was Decedent Ever in U.S. Armed Forces? <b>No</b>	
City/Town <b>Beaverton</b>			
State or Foreign Country <b>Oregon</b>	Zip Code + 4 <b>97006</b>	Inside City Limits? <b>Yes</b>	
Spouse's Name Prior to First Marriage			

<b>TO BE COMPLETED BY</b>	Father's Name <b>Jeff Smith</b>		Mother's Name Prior to First Marriage <b>Jane Watson</b>		
	Informant's Name <b>Jane Smith</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Mother</b>	Mailing Address <b>1234 Main Street, Beaverton, OR 97006</b>
	Place of Death <b>Hospital-Inpatient</b>		Facility Name <b>Providence Portland Medical Center</b>		
	Location of Death <b>4805 NE Glisan Street</b>		City/Town or Location of Death <b>Portland</b>	State <b>Oregon</b>	Zip Code + 4 <b>97213</b>
	Method of Disposition <b>Burial</b>	Place of Disposition <b>Belcrest Memorial Park</b>		Location (City/Town and State) <b>Salem, Oregon</b>	
	Name and Complete Address of Funeral Facility <b>Virgil T Golden Funeral Service 605 Commercial Street SE, Salem, Oregon 97301</b>				
	Date of Disposition <b>TBD</b>	Funeral Director's Signature <i>Agreat Funeral Director</i>		Electronically Signed	OR License Number <b>CO-3489</b>
	Registrar's Signature ▶	<i>Jennifer A. Woodward</i>		Date Received <b>March 15, 2016</b>	Local File Number
	Amendment				

# Death Fast Order-Issuance

**Issuance**

**Issuances**

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248299	APR-22-2016
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248300	APR-22-2016
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248301	APR-22-2016

Total records : 3

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save Close



Each security paper number is unique and can only be used once.

# Death Fast Order-Issuance

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Service	Quantity	Request Reason	Other specify
<input checked="" type="checkbox"/> Death CC Long	1	Legal	
<input type="checkbox"/> Death CC Short			
<input type="checkbox"/> Death Replace CC No Fee			
<input type="checkbox"/> Death Replace CC Short No Fee			
<input type="checkbox"/> Death Replace CC Short with Fee			

### Issuance

#### Issuances

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	Jim Winter	Multnomah Death Certified Copy	04/05/2016	Regular	MAIL	Beth Smith	2016000018	00003318400	APR-05-2016

Total records : 1

**Actions**  
Print Issuance      Void Complete  
Delete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save Close



Relation: Funeral Home  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA  
Relocate

# Death Fast Order-Issuance

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Service	Quantity	Request Reason	Other specify
<input checked="" type="checkbox"/> Death CC Long	1	Legal	
<input type="checkbox"/> Death CC Short			
<input type="checkbox"/> Death Replace CC No Fee			
<input type="checkbox"/> Death Replace CC Short No Fee			
<input type="checkbox"/> Death Replace CC Short with Fee			

### Issuance

#### Issuances

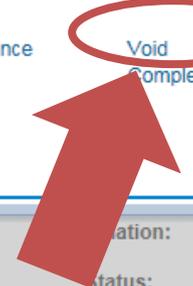
All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	Jim Winter	Multnomah Death Certified Copy	04/05/2016	Regular	MAIL	Beth Smith	2016000018	00003318400	APR-05-2016

Total records : 1

**Actions**  
[Print Issuance](#) [Void](#) [Complete](#)  
[Delete](#)

**Numbering**  
[AutoNumber Ascending](#)  
[AutoNumber Descending](#)  
Beginning Number

[Save](#) [Close](#)



Location: Funeral Home  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA

Relocate Number:  
Comments:

Matched Events

Services

# Death Fast Order

Matched Events				Services					
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee	
Beth Smith	Yes	1	APR-05-2016 04:54 PM	Death CC Long 	1	Regular	MAIL	\$25.00	Issue

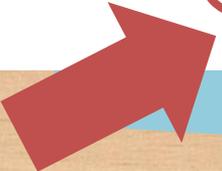
[Next Order](#) [Copy to New](#) [Take me to Regular Order](#) [Void](#) [Issuance History](#) [Clear](#) [Save & Validate](#)



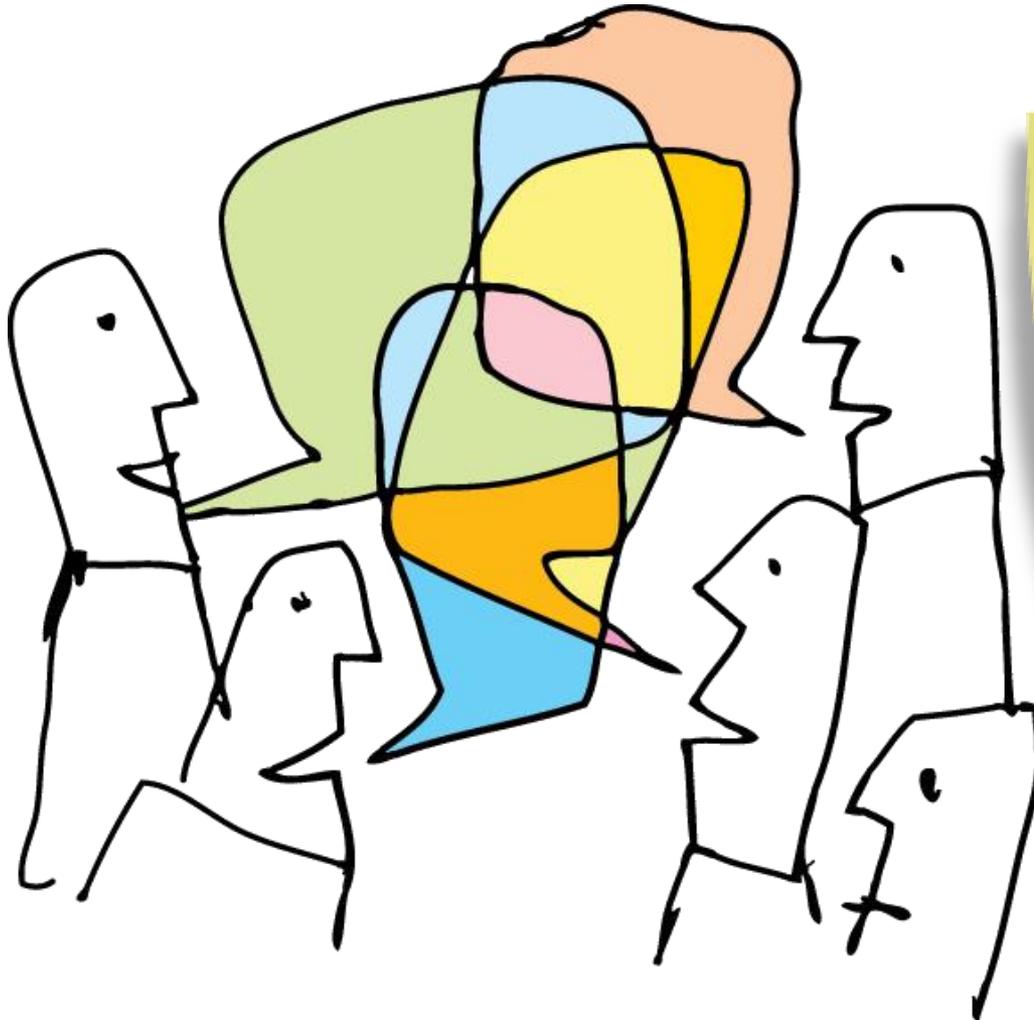
Once all services (certificates) have been issued, the order will show **“Order Valid/Completed”**.

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

20160400005 :Jim Winter  
/Order Valid/Completed  
**Death Fast Order**



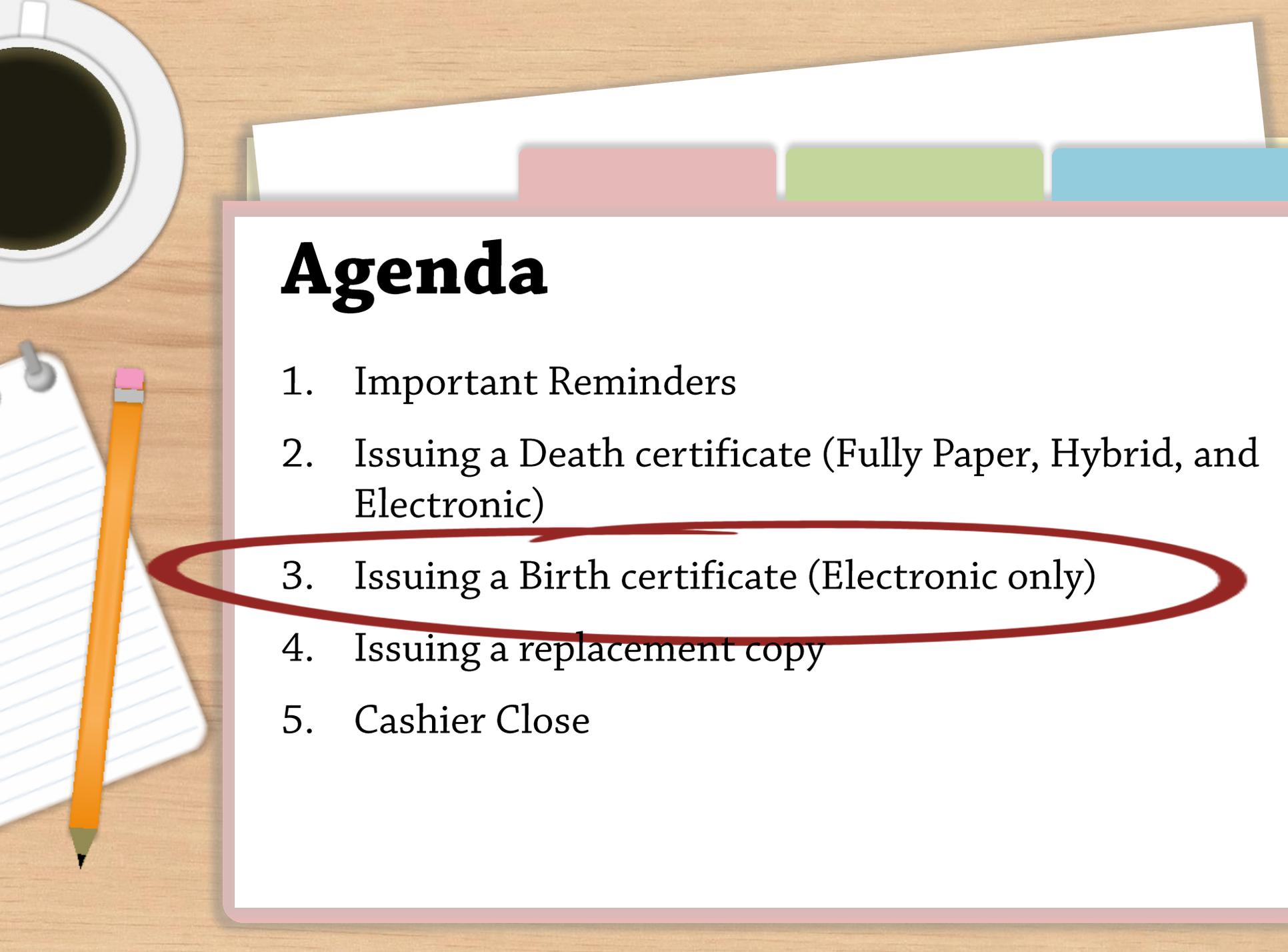
# Time to Discuss



Chat

Discuss

Ask Questions



# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Cashier Close

# Types of Birth Records

Counties should only issue a birth certificate for **REGISTERED** electronic records.

“ Status: /Legal Valid/Medical Valid/Certified/Registered ”

**CERTIFICATION OF VITAL RECORD**  
OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF LIVE BIRTH** 136-2014-014256

**CHILD**  
Sex: **Male**  
Date of Birth: **December 16, 2014**  
Time of Birth: **04:00 AM**  
Place of Birth: **Providence Willamette Falls Medical Center**  
Hospital Name: **Clarkston**

**MOTHER**  
Name: **La Biah**  
Address: **123 N Main**  
City: **Portland**  
Date of Birth: **December 15, 1972**  
Race: **Multiracial**

**FATHER**  
Name: **Yusef Oaster**  
Address: **1503 Division Street, Oregon Street, Oregon 97025**  
Date of Birth: **9/2/12**  
Race: **Black**

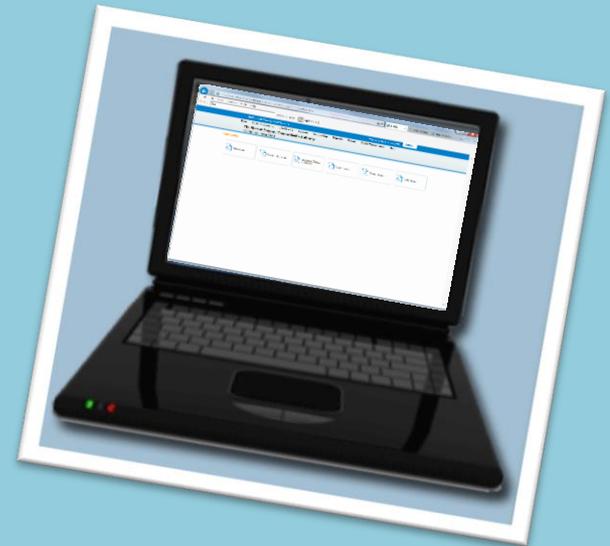
**INFORMANT**  
Name: **Cherie L. Powell**  
Address: **1503 Division Street, Oregon Street, Oregon 97025**  
Relationship: **Yusef Oaster, Doctor of Medicine**

**CERTIFIER**  
Name: **Christie C. Threlkoff**  
Address: **123 N Main**  
City: **Portland**  
Title: **State Registrar**  
Date: **December 16, 2014**

DATE ISSUED: \_\_\_\_\_  
STATE REGISTRAR: **JENNIFER A. WOODWARD, P.L.D.**

## Minimum Required Fields

- Applicant Name
- Applicant Address
- Applicant Relationship
- Event
  - Registrant First & Last
  - Mother's First & Last name given at birth (maiden name)
  - Father/2<sup>nd</sup> Parent's First & Last
  - Date of Birth
- Service
- Payment
- Validate Order



# Birth Fast Order

Multnomah County Vital Records

Welcome back: CountySK

[Logout](#)

[Main](#)

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The  
OV

New  
Search

Oregon Health Authority

## Fast Links

[Birth Fast Order](#)

[Death Fast Order](#)



Messages



Current Activities



Issuance Queue  
Summary



Death Search



Order Search



Birth Search

Who can order a  
birth certificate?

ORS 432.380(2)(C)(B)(ii)

# Birth Fast Order- Event Search

Key in fields

**Event Search** ⓘ

File Number:	Year:	<input type="checkbox"/>	<input type="text"/>	Number:	<input type="checkbox"/>	<input type="text"/>
Relocate File Number:		<input type="checkbox"/>	<input type="text"/>	Special File Number:	<input type="checkbox"/>	<input type="text"/>
Registrant	First:	<input checked="" type="checkbox"/>	<input type="text" value="Child"/>	Middle:	<input checked="" type="checkbox"/>	<input type="text"/>
Mother	First:	<input type="checkbox"/>	<input type="text" value="Mom"/>	Middle:	<input type="checkbox"/>	<input type="text"/>
Mother	First:	<input type="checkbox"/>	<input type="text"/>	Middle:	<input type="checkbox"/>	<input type="text"/>
Father	First:	<input type="checkbox"/>	<input type="text" value="Dad"/>	Middle:	<input type="checkbox"/>	<input type="text"/>
Date of Birth	Start:	<input checked="" type="checkbox"/>	<input type="text" value="FEB-23-2016"/>	End:	<input type="checkbox"/>	<input type="text"/>
Gender:	<input type="checkbox"/>	<input type="text"/>	▼	Place of Event City:	<input type="checkbox"/>	<input type="text"/>
Number of rows to be returned:	<input type="text" value="200"/>		County		<input type="checkbox"/>	<input type="text"/>

To search for  
event, enter:  
Registrant,  
Mother,  
Father/2<sup>nd</sup> Parent,  
DOB

# Birth Fast Order- Preview

Event Search 

File Number:

Year:

Number:

Relocate File Number:

Special File Number:

 Preview 

## Preview

**Conversion Locate Number:**

**Child's Name:** Child Example

**Sex:** Female

**Facility of Birth:** 1 State Street, Portland, Oregon 97232

**Mother's Current Name:** Mother Example

**Mother's Maiden Name:** Mother Example

**Mother's Date of Birth:** JAN-01-1990

**Father's Current Name:**

**Father's Date of Birth:**

**Date Entered:** Feb-24-2016

**Last Updated By:** Adelivery Midwife

**Status:** /Legal Valid/Medical Valid/Certified/Registered

**Amendments:**

**Paternity Court Date:**

**Date and Time of Birth:** FEB-23-2016 10:15 AM

**City or Town of Birth:** Portland

**County of Birth:** Multnomah

**Mother's Birthplace:** Oregon

**Father's Birthplace:**

Check the status  
to make sure  
the record has  
been  
registered.

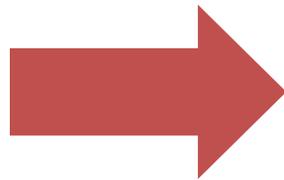
<input type="radio"/>			No Match
<input type="radio"/>			Legacy R
<input checked="" type="radio"/>	Preview	FEB-23-2016	2016000008 Example,

ords : 1

# Birth Fast Order-Service

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

Counties should never select "Birth CC Long", as it will calculate an incorrect fee



### Service

Source: Counter Priority: Regular Delivery: COUNTER

#### Service

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Birth CC Long             | <input type="text"/>           |
| <input checked="" type="checkbox"/> Birth CC Short | <input type="text" value="1"/> |
| <input type="checkbox"/> Birth Replace CC No Fee   | <input type="text"/>           |
| <input type="checkbox"/> Birth Replace CC with Fee | <input type="text"/>           |
| <input type="checkbox"/> Veterans Birth CC         | <input type="text"/>           |

Calculate Fees

#### Payments

- Cash  
 Check  
 No Fee Service  
 Refund

#### Event Requested

Event Type: Birth      Correspon  
Relation: Mother  
Status: /Legal Valid/Medical Valid/Certified/Registered  
Relocate Number:  
Comments:

- Child Care / Day Care
- Apostille / Authentication
- Child Welfare
- Drivers License
- Dual Citizenship
- Employment
- Genealogy / Family History
- Immigration
- Income Tax
- Insurance
- Legal
- Marriage
- Marriage Over seas
- Other
- Stock Transfer
- Passport / Visa / Travel
- Retirement / Pension
- Travel
- School
- Social Security
- Veterans Benefits
- Welfare Benefits / Public Housing
- Sports

Envelope Mailing Label

# Birth Fast Order- Printing

Issuances.pdf (SECURED) - Adobe Reader

File Edit View Window Help

Open... Ctrl+O

CreatePDF Online...

Save Ctrl+S

Save As... Shift+Ctrl+S

Save As Other...

Share Files Using SendNow Online...

Send File...

Get Documents Signed...

Revert

Close Ctrl+W

Properties Ctrl+D

**Print... Ctrl+P**

1 C:\Users\OR0206014\AppData\...\Issuances.pdf

2 E:\...\Registration Instructions.pdf

3 E:\...\Newsletter formatting styleguide.pdf

4 C:\...\BizLibrary Learni...ement Solution.pdf

5 C:\Users\...\BizLibrary Content Overview.pdf

Exit Ctrl+Q

Tools Sign Comment

121%

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS

**CERTIFICATE OF LIVE BIRTH**

136-2016-000008  
STATE FILE NUMBER

Middle Name(s) Last Name(s) Suffix

Example

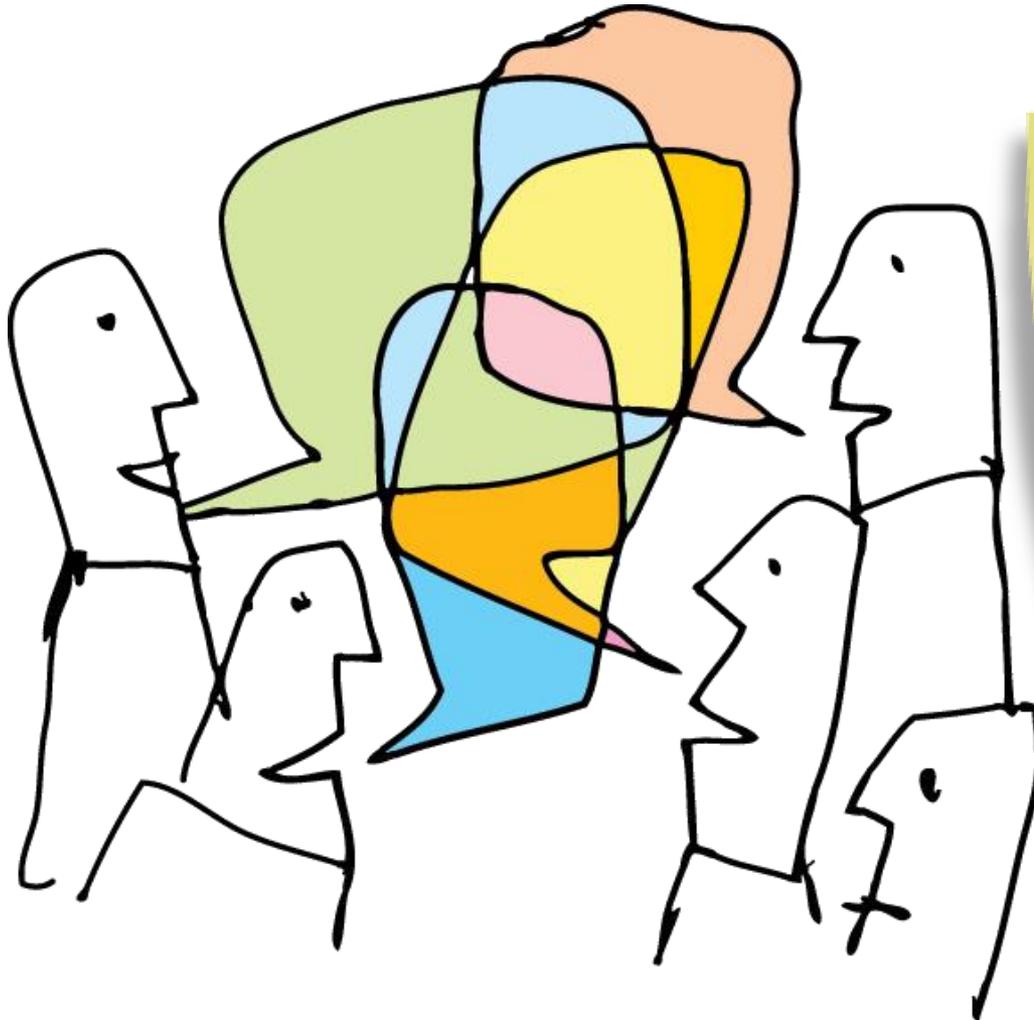
3a. Date of Birth	3b. Time of Birth	4a. County of Birth
February 23, 2016	10:15 AM	Multnomah
4c. City, Town, or Location of Birth		
Portland		
5a. Current Legal Name		5b. Name Prior to First Marriage
Mother Example		Mother Example
5c. Residence — State	5d. County	5e. City, Town or Location
Oregon	Multnomah	Portland
5f. Street and Number		5g. Zip Code
1 State Street		97232
6a. Date of Birth	6b. Birthplace	
January 01, 1990	Oregon	
7. Current Legal Name		8a. Date of Birth
		8b. Birthplace
9. Informant's Name and Relationship to Child		
Mother Example, Mother		
10a. Name and Address of Certifier		

**MOTHER**

**FATHER**

**INFORMANT**

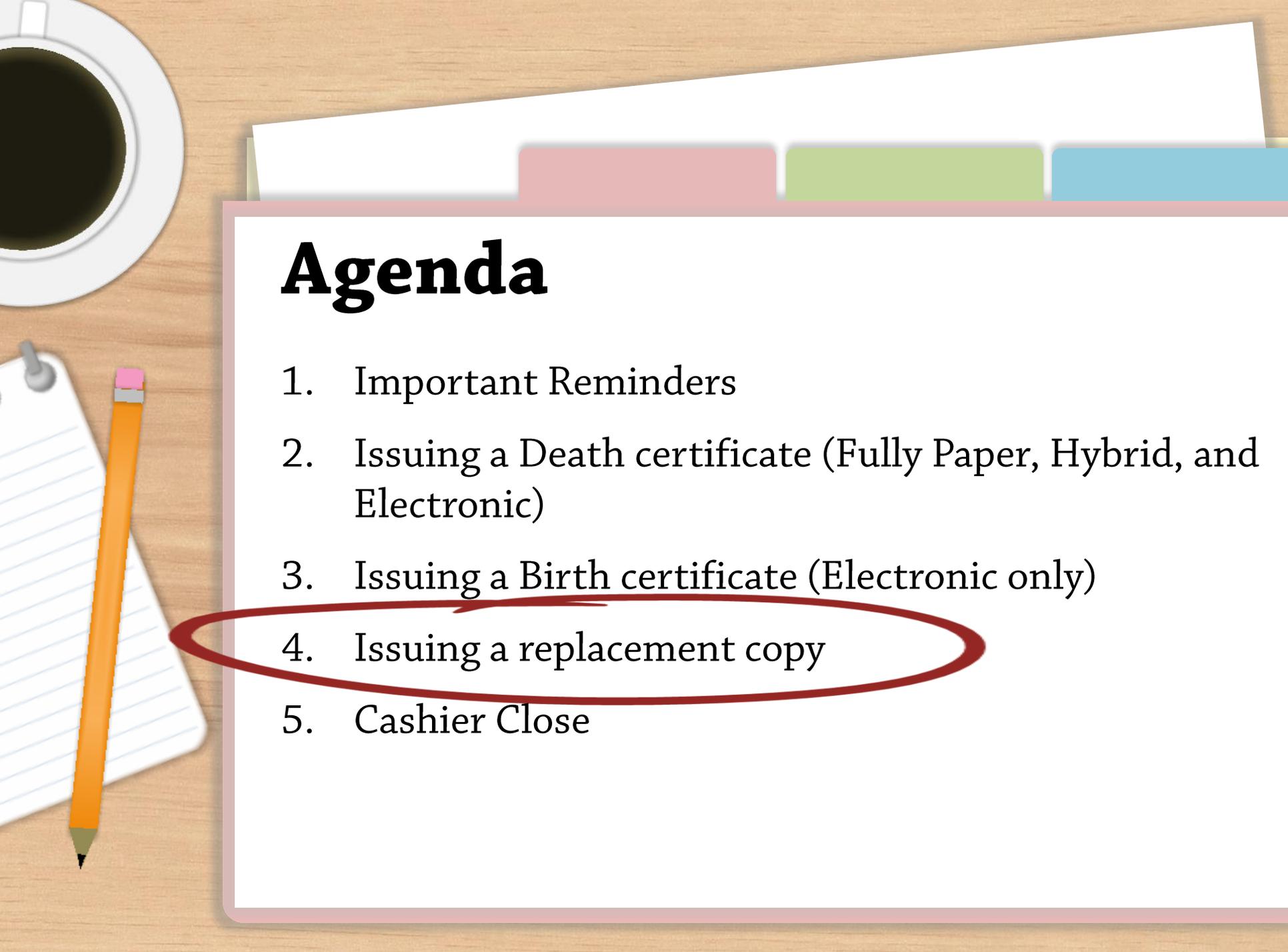
# Time to Discuss



Chat

Discuss

Ask Questions



# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Cashier Close

# Replacement Copies

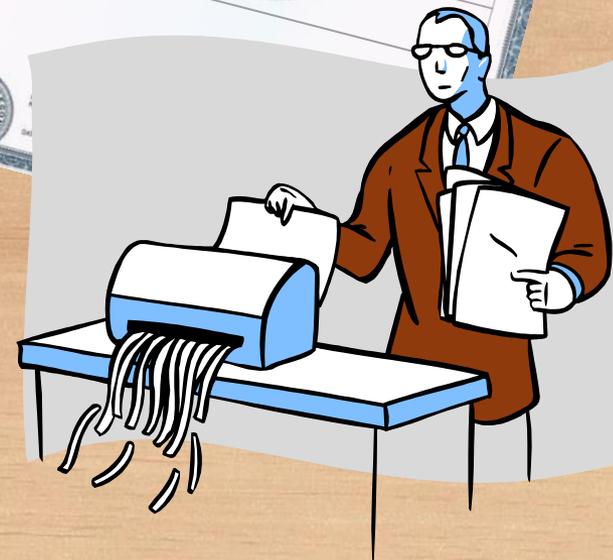
- Customer will sometimes request a replacement copy if their certificate was amended.
- Same 6 month rule applies
- You must obtain original copies from customer before issuing a replacement, have security paper voided, and shred originals.

Kelly Stacey  
Contact info:  
[KELLY.A.STACEY@state.or.us](mailto:KELLY.A.STACEY@state.or.us)  
971-673-1193

CERTIFICATION OF VITAL RECORD  
OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF LIVE BIRTH

136-2014-014256  
CERTIFICATE NUMBER

CHILD	REN	SON	SEX	MALE	
DATE OF BIRTH	December 16, 2014	TIME OF BIRTH	06:03 AM	PLACE OF BIRTH	Providence Mitawanda Falls Medical Center
MOTHER	LA BLAH	REGISTRATION STATE	Oregon	CITY	Oregon City
FATHER	LOU BLAH	REGISTRATION STATE	Oregon	CITY	Portland
INFORMANT	LA BLAH, Mother	RELATIONSHIP TO CHILD	Mother	DATE OF BIRTH	02/12
CERTIFIER	LOU BLAH, Director of Health Services	ADDRESS	1 East Duane, Duane Building, Oregon State Capitol, Salem, Oregon 97305	PHONE	(503) 338-3000
CERTIFIED BY	ANNETTE K. WILSON	DATE	December 16, 2014	TIME	10:00 AM



# Replacement Copies- Search

Search

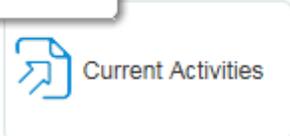
Birth Fast Order

Death Fast Order

Fast Links



Fast Link icon with a document symbol and a hand cursor.



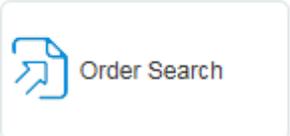
Fast Link icon with a document symbol and a hand cursor. Text: Current Activities



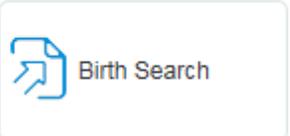
Fast Link icon with a document symbol and a hand cursor. Text: Issuance Queue Summary



Fast Link icon with a document symbol and a hand cursor. Text: Death Search



Fast Link icon with a document symbol and a hand cursor. Text: Order Search



Fast Link icon with a document symbol and a hand cursor. Text: Birth Search



# Replacement Copies- Search

Multnomah County Vital Records

Welcome back: CountySK

Logout

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The State of Oregon - Oregon Health Authority

OVERS SQL 2014 TEST

## Search for an order

### Search By Order

Order Number:

VPS Order Number:

Security Paper Number:

Tracking Number:

Received between  and



### Search by Event Requested

First Name:

Last Name:

### Search by Applicant

Organization Name:

First Name:

Last Name:

Phone:

### Search by Matched Event

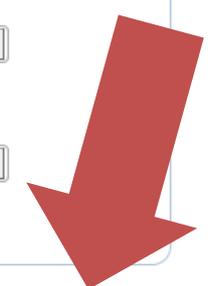
Event Type:

Search Criteria 1:

Value 1:

Search Criteria 2:

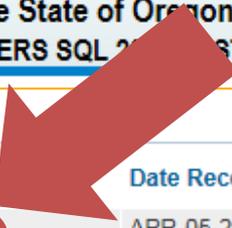
Value 2:



Maximum records to display:

[Search](#) [Clear](#) [Soundex](#)

# Replacement Copies- Results



Results

Order Number	Date Received	Applicant Name	Event Type	SFN	Registrant Name
20160400005	APR-05-2016	Jim Winter	Death	2016000018	Beth Smith

Total records : 1

New Search

# Replacement Copies- Summary

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400005 :Jim Winter  
/Order Valid/Completed

### Order Summary

Source: Mail  
Received Date: APR-05-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-05-2016

### Applicant Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

### Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

### Shipping Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

### Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA  
Comments:

### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

### Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00 Issue

New Order

Copy to New

Validate Order

Void

Issuance History

Previous

Return

# Replacement Copies- Summary

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary**
- Validate Order
- Assign Status
- Attachments

20160400005 :Jim Winter  
/Order Valid/Completed

### Order Summary

Source: Mail  
Received Date: APR-05-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-05-2016

#### Applicant Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

#### Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

#### Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA  
Comments:

#### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

#### Services

Service Name	Priority	Delivery	Fee
Death CC Long	Regular	MAIL	\$25.00 Issue

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

[Previous](#) [Return](#)

# Replacement Copies- Search

Multnomah County Vital Records

Welcome back: CountySK

Logout

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

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Order Processing Menu

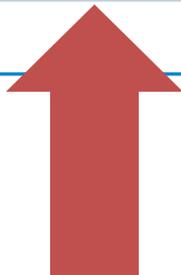
- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

## Issuance History

Order Number: 20160400005

Service Name	Security Paper Number	Tracking Number	Date Printed	Shipped Date	Date Completed	Date Voided	User	Issuing Office	Delivery Date	
Multnomah Death Certificate Copy	00003318400		APR-05-2016 04:54 PM		APR-05-2016 05:00 PM		County Skeleton Key	Multnomah County Vital Records		<a href="#">Edit</a>

[Return](#)



# Replacement Copies- Summary

Multnomah County Vital Records

Welcome back: CountySK

Logout

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

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Order Processing Menu

[Applicant](#)  
[Match Events](#)  
[Services](#)  
[Payments](#)  
[Summary](#)  
[Validate Order](#)  
[Assign Status](#)  
[Attachments](#)

20160400005 :Jim Winter

/Order Valid/Completed

### Order Summary

**Source:** Mail  
**Received Date:** APR-05-2016

**ProCheck / ProID Status:**  
**Fee Effective Date:** APR-05-2016

#### Applicant Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon 97222  
**Attention:** Jim Winter  
**Phone:** (555) 555-5555  
**Email:**

#### Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon, United States 97222  
**Attention:**  
**Phone:**  
**Email:**

#### Event Requested

**Event Type:** Death [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)  
**Relation:** Funeral Home  
**Relocate File Number:**  
**Conversion Locate Number:**  
**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

#### Comments:

#### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

#### Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00 Issue

[New Order](#)

[Copy to New](#)

[Validate Order](#)

[Void](#)

[Issuance History](#)

[Previous](#)

[Return](#)

# Replacement Copies- Comments

Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Valid/Completed

Order Summary

Source: Counter

ProCheck / ProID Status:

### Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

No data found.

Enter New Comment

Comment Type:

Comment:

Maximum text length: 4000 Characters left: 3902

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	2	APR-06-2016 02:44 PM

Services

Service Name	Quantity	Priority	Deliver
Death Replace CC with Fee	1	Regular	COUNTER

# Replacement Copies- Comments

Multnomah County Vital Records

Welcome back: CountySK

Logout

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

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

## Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Valid/Completed

### Order Summary

Source: Counter  
Received Date: APR-06-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-06-2016

Applicant Information

Payment Information

### Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

Comment Type	Date Entered	Entered By	Comment	
Order processing	04/06/2016	CountySK	Previous order 20160400005 voided and paper number 000033184	<a href="#">Edit</a> <a href="#">Delete</a>

Total records : 1

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

Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Ce  
Comments:

### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	2	APR-06-2016 02:44 PM

### Services

Service Name	Priority	Delivery	Fee
Death Replace CC with Fee	Regular	COUNTER	\$5.00 Issue

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20160400005 :Jim Winter

/Order Valid/Completed

### Order Summary

Source: Mail

Received Date: APR-05-2016

ProCheck / ProID Status:

Fee Effective Date: APR-05-2016

#### Applicant Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon 97222  
**Attention:** Jim Winter  
**Phone:** (555) 555-5555  
**Email:**

#### Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon, United States 97222  
**Attention:**  
**Phone:**  
**Email:**

#### Event Requested

**Event Type:** Death      Correspondence    Work Order    Amend    Receipt    Mailing Envelope    Mailing Label  
**Relation:** Funeral Home  
**Relocate File Number:**  
**Conversion Location Number:**  
**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
**Comments:**

#### Matched Event

Registrant	Matched	Number of Occurrences	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

#### Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00 Issue

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services

### Order Summary

Source: Counter

Received Date: APR-06-2016

ProCheck / ProID Status:

Fee Effective Date: APR-06-2016

#### Applicant Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon 97222  
**Attention:** Jim Winter  
**Phone:** (555) 555-5555  
**Email:**

#### Payment Information

Type	Amount	User
<b>Paid:</b>	\$0.00	
<b>Due:</b>	\$0.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon, United States 97222  
**Attention:**  
**Phone:**  
**Email:**

#### Event Requested

**Event Type:** Death Suspend Reject Request Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label  
**Relation:** Funeral Home  
**Relocate File Number:**  
**Conversion**  
**Locate Number:**  
**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
**Comments:**

# Replacement Copies- Services

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services

### Services

Source  Received Date  Fee Effective Date

Will this order be paid for by Credit Card?

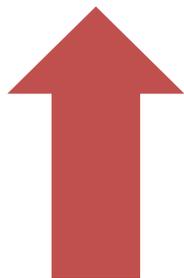
1 **Name:** Beth Smith

**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](#)



# Replacement Copies- Services

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services

### Services

Source  Received Date  Fee Effective Date

Will this order be paid for by Credit Card?

1 Name: Beth Smith

Applicant Relationship to Registrant: Funeral Home

Service	Quantity	Priority	Delivery
<input type="text" value="Death Replace CC with Fee"/>	<input type="text" value="1"/>	<input type="text" value="Regular"/>	<input type="text" value="COUNTER"/>
Request Reason	Other Specify		
<input type="text" value="Legal"/>	<input type="text"/>		

Save Cancel

Add Service

Save Previous Next Return

# Replacement Copies- Services

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

### Services

Source

Received Date

Fee Effective Date

Will this order be paid for by Credit Card?

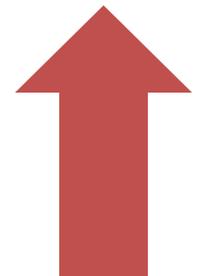
1 **Name:** Beth Smith

**Applicant Relationship to Registrant:** Funeral Home

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee	
1	Death Replace CC with Fee	1	Regular	COUNTER	Legal		\$5.00	<a href="#">Edit Reverse</a>

Add Service

Save Previous **Next** Return



# Replacement Copies- Payments

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

## Payments

Received Date: APR-06-2016

Fee Effective Date: APR-06-2016

### Add Payments

- Cash
- Check
- Money Order
- No Fee Service
- Refund

Add Payment

payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal: \$5.00  
Total: = \$5.00  
Paid: \$0.00  
Balance: = \$5.00  
Change Due: \$0.00

Edit Payer

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20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

### Payments

Received Date: APR-06-2016

Fee Effective Date: APR-

Add Payments

Add Payment

Cash

Payment Date	User	Amount	
APR-06-2016	CountySK	5.00	Save Cancel

SubTotal: \$5.00

Total: = \$5.00

Paid: \$5.00

Balance: = \$0.00

Change Due: \$0.00

Edit Payer

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# Replacement Copies- Summary

## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST

### Order Processing Menu

- Applicant
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- **Summary**
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20160400009 :Jim Winter  
/Order Valid/Incomplete

### Order Summary

Source: Counter  
Received Date: APR-06-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-06-2016

#### Applicant Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

#### Payment Information

Type	Amount	User
Cash	\$5.00	County Skeleton Key
<b>Paid:</b>	\$5.00	
<b>Due:</b>	\$5.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

#### Event Requested

Event Type: Death Suspend Reject Request Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
Comments:

#### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-06-2016 01:52 PM

#### Services

Service Name	Quantity	Priority	Delivery	Fee	Issue
Death Replace CC with Fee	1	Regular	COUNTER	\$5.00	Issue



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## Order Processing Menu

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20160400009 :Jim Winter  
/Order Valid/Completed

### Order Summary

Source: Counter  
Received Date: APR-06-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-06-2016

#### Applicant Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

#### Payment Information

Type	Amount	User
Cash	\$5.00	County Skeleton Key
<b>Paid:</b>	\$5.00	
<b>Due:</b>	\$5.00	
<b>Balance:</b>	\$0.00	

#### Shipping Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

#### Event Requested

Event Type: Death      Correspondence      Work Order      Amend      Receipt      Mailing Envelope      Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

#### Comments:

#### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	2	APR-06-2016 02:44 PM

#### Services

Service Name	Quantity	Priority	Delivery	Fee
Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue

New Order

Copy to New

Validate Order

Void

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# Replacement Copies- Comments

Order Processing Menu

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20160400009 :Jim Winter  
/Order Valid/Completed

Order Summary

Source: Counter

ProCheck / ProID Status:

### Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

No data found.

Enter New Comment

Comment Type:

Comment:

Maximum text length: 4000 Characters left: 3902

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	2	APR-06-2016 02:44 PM

Services

Service Name	Quantity	Priority	Delivery	Fee
Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue

New Order

Copy to New

Validate Order

Void

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20160400009 :Jim Winter  
/Order Valid/Completed

### Order Summary

Source: Counter  
Received Date: APR-06-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-06-2016

Applicant Information

Payment Information

### Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

Comment Type	Date Entered	Entered By	Comment	
Order processing	04/06/2016	CountySK	Previous order 20160400005 voided and paper number 000033184	<a href="#">Edit</a> <a href="#">Delete</a>

Total records : 1

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

Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Ce  
Comments:

### Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	2	APR-06-2016 02:44 PM

### Services

Service Name	Priority	Delivery	Fee
Death Replace CC with Fee	Regular	COUNTER	\$5.00 Issue

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20160400009 :Jim Winter  
/Order Valid/Completed



**Order Summary**

**Source:** Counter  
**Received Date:** APR-06-2016

**ProCheck / ProID Status:**  
**Fee Effective Date:** APR-06-2016

**Applicant Information**

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon 97222  
**Attention:** Jim Winter  
**Phone:** (555) 555-5555  
**Email:**

**Payment Information**

Type	Amount	User
Cash	\$5.00	County Skeleton Key
<b>Paid:</b>	\$5.00	
<b>Due:</b>	\$5.00	
<b>Balance:</b>	\$0.00	

**Shipping Information**

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon, United States 97222  
**Attention:**  
**Phone:**  
**Email:**

**Event Requested**

**Event Type:** Death      [Correspondence](#)   [Work Order](#)   [Amend](#)   [Receipt](#)   [Mailing Envelope](#)   [Mailing Label](#)  
**Relation:** Funeral Home  
**Relocate File Number:**  
**Conversion Locate Number:**  
**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
**Comments:** Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

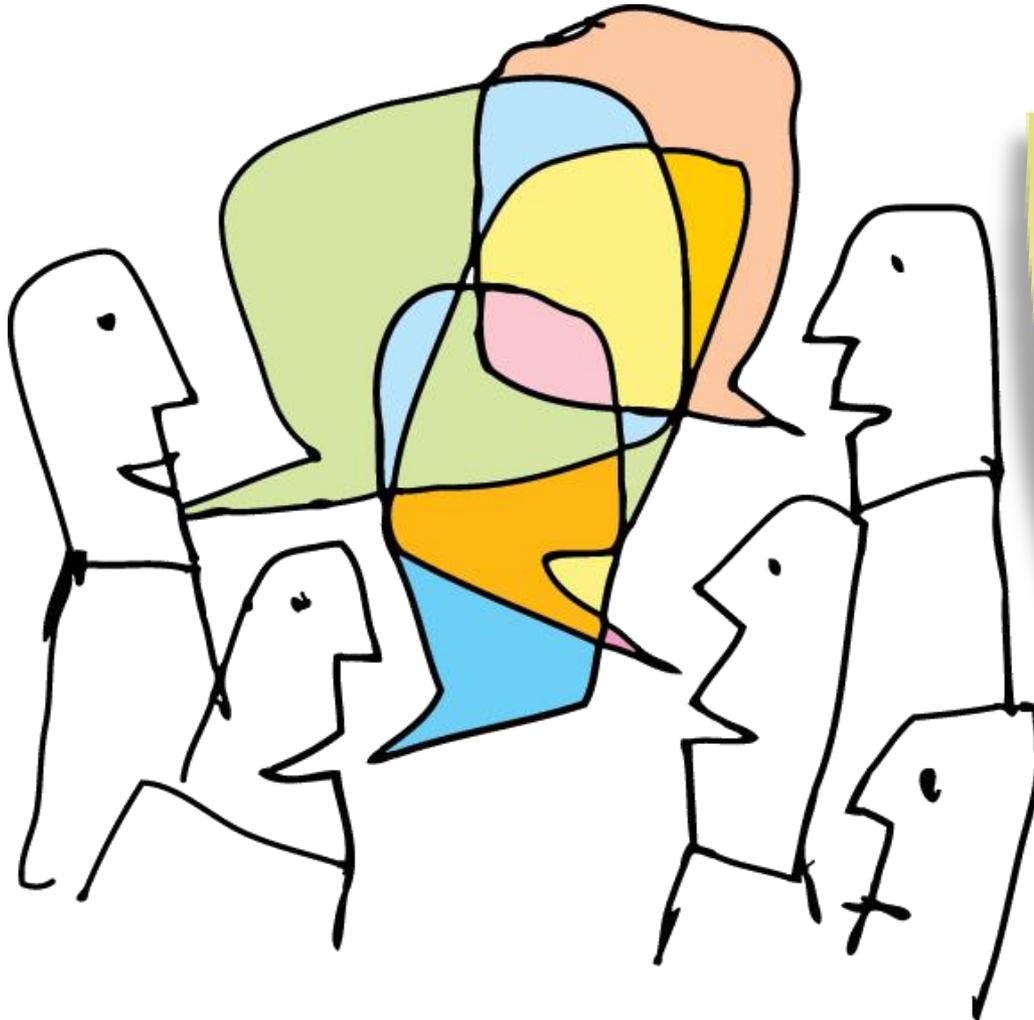
**Matched Events**

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth	Yes	2	APR 06 2016 03:44 PM

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue

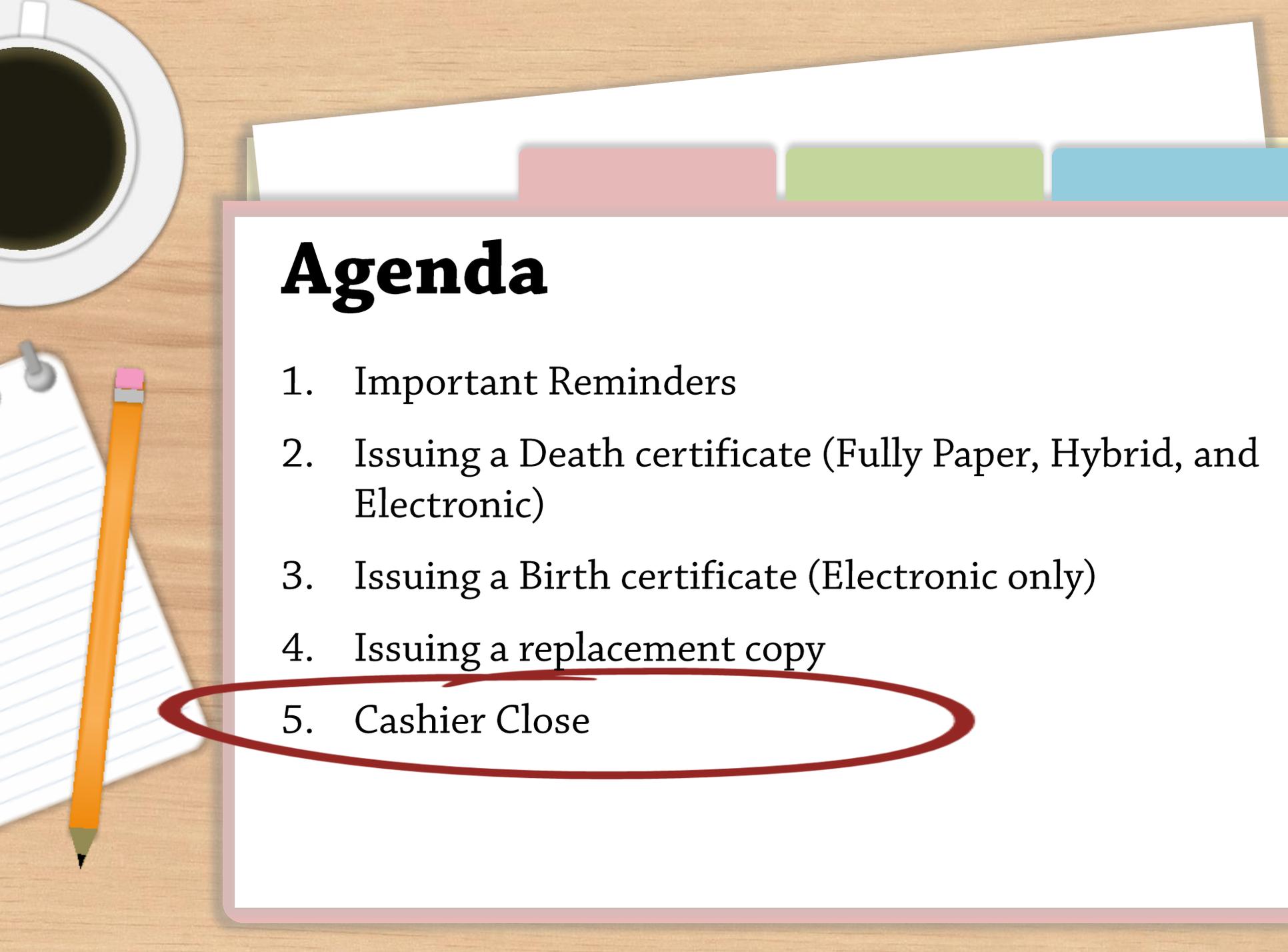
# Time to Discuss



Chat

Discuss

Ask Questions



# Agenda

1. Important Reminders
2. Issuing a Death certificate (Fully Paper, Hybrid, and Electronic)
3. Issuing a Birth certificate (Electronic only)
4. Issuing a replacement copy
5. Cashier Close

# Cashier Close

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

# Cashier Close

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- Cashier Close
- Cashier Reconciliation
- Refund Search



## Fast Links

 Messages

 Current Activities

 Issuance Queue Summary

 Order Search

 Death Search

 Birth Search

# Cashier Close

## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST

Start Date 4/15/2016 3:30:04 PM

End Date: 4/22/2016 3:32:21 PM

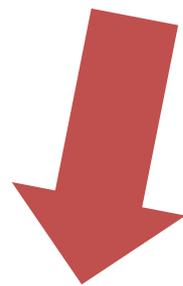
### Cashier Close

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"/>
<b>Total Cash</b>	\$ <input type="text" value="0.00"/>

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

### Reports

- Cashier Close
- Cashier Worksheet



# Cashier Close

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## Cashier Transactions

Starting Date 4/15/2016 3:30:04 PM

Ending Date: 4/22/2016 3:36:04 PM

Order Id	Date Entered	Registrant Name	Fees Charged	Payment Type	Check Number	Amount
20160300065	3/24/2016 10:11:23 AM	Jessica Jones	\$90.00	Check	201	\$90.00
20160300023	3/18/2016 3:05:28 PM	John Sanders	\$85.00	Check	101	\$85.00
20160300027	3/18/2016 3:36:10 PM	John Sanders	\$65.00	Cash		\$65.00
20160300023	3/18/2016 2:57:21 PM	John Sanders	\$85.00	Cash		\$85.00
20160300021	3/18/2016 2:41:45 PM	Mike Wilson	\$85.00	Cash		\$85.00
20140719167	7/22/2014 3:58:02 PM	James Kurt Schmidt	\$20.00	Cash		\$20.00
20160300059	3/22/2016 2:39:24 PM	Jean Bullwinkle	\$45.00	Cash		\$45.00
20160300067	3/24/2016 10:38:32 AM	Jennifer Jones	\$65.00	Cash		\$65.00
20160300068	3/24/2016 3:12:59 PM	Jessica Jones	\$10.00	Cash		\$10.00
20160300066	3/24/2016 10:25:50 AM	Mark Wilson	\$65.00	Cash		\$65.00
20160300060	3/23/2016 8:43:35 AM	Smith	\$65.00	Cash		\$65.00
20160300063	3/23/2016 11:46:16 AM	Jessica Jones	\$60.00	Cash		\$60.00

Total records : 12

Transaction Total : \$740.00

Revenue Total : \$740.00

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# Cashier Close

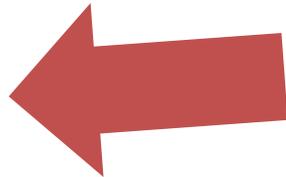
## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST

Start Date: 4/15/2016 3:30:04 PM

End Date: 4/22/2016 3:50:42 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="2"/>
Qty \$ 50	<input type="text"/>
Qty \$ 100	<input type="text" value="7"/>
Coins	<input type="text"/>
<b>Total Cash</b>	\$ <input type="text" value="740.00"/>



Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text" value="0.00"/>
<hr/>	
<b>Cashier Total</b>	\$ <input type="text" value="740.00"/>
<hr/>	



### Reports

- Cashier Close
- Cashier Worksheet

# Cashier Close

## The State of Oregon - Oregon Health Authority OVERS SQL 2014 TEST

Start Date 4/15/2016 3:30:04 PM

End Date: 4/22/2016 3:56:38 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="2"/>
Qty \$ 50	<input type="text"/>
Qty \$ 100	<input type="text" value="7"/>
Coins	<input type="text"/>
<b>Total Cash</b>	\$ <input type="text" value="740.00"/>

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

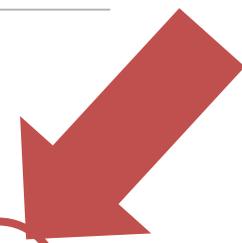
**Cashier Total** \$

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

### Reports

- Cashier Close
- Cashier Worksheet

Clear Reconcile **Save** Transactions Calculator



# Cashier Close

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Start Date: 4/15/2016 3:30:04 PM

End Date: 4/22/2016 3:56:38 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="2"/>
Qty \$ 50	<input type="text"/>
Qty \$ 100	<input type="text" value="7"/>
Coins	<input type="text"/>
<b>Total Cash</b>	\$ <input type="text" value="740.00"/>

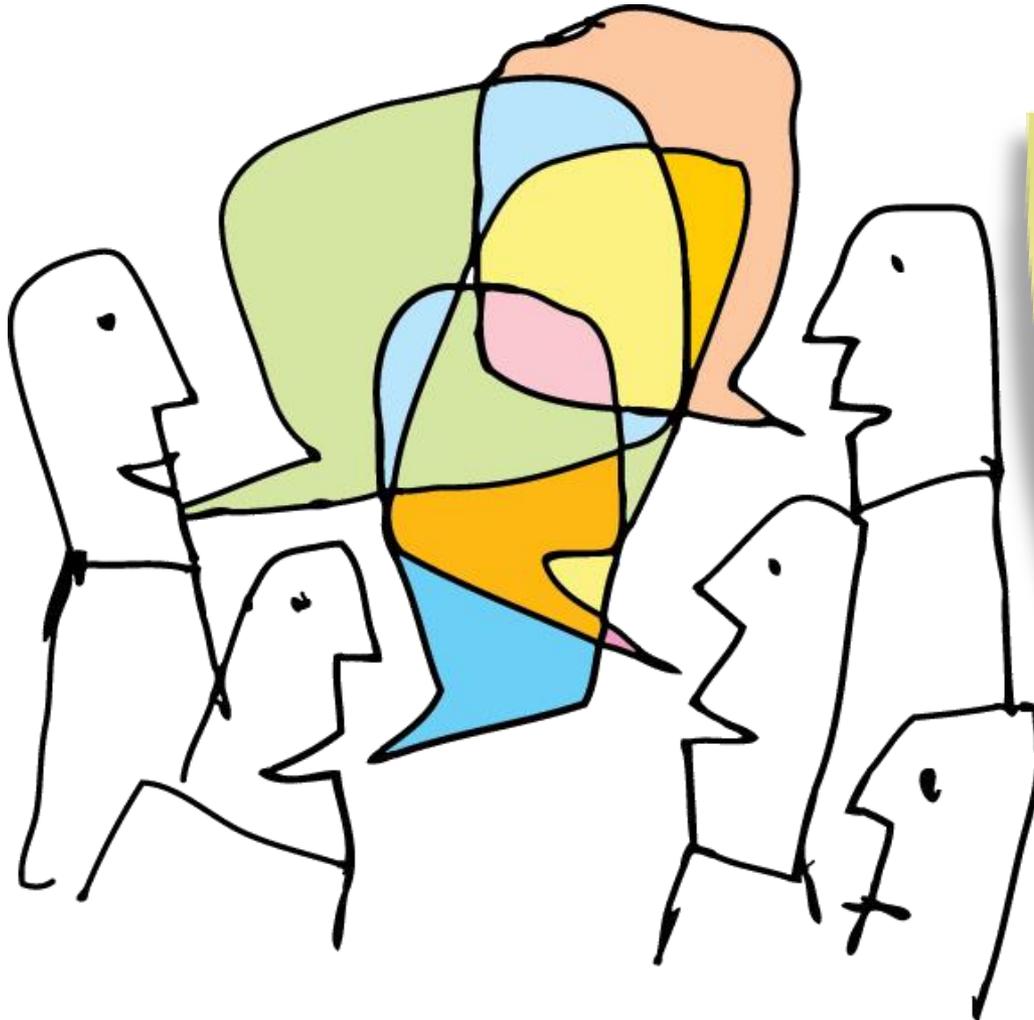
Checks	\$ <input type="text"/>
Money Orders	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text" value="0.00"/>
<hr/>	
<b>Cashier Total</b>	\$ <input type="text" value="740.00"/>

No transactions to cashout.

**Reports**  
[Cashier Close](#)  
[Cashier Worksheet](#)

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

# Time to Discuss



Chat

Discuss

Ask Questions



# Thank you!

Contact information of presenters:

Jennifer Woodward, State Registrar  
971-673-1185  
[jennifer.a.woodward@state.or.us](mailto:jennifer.a.woodward@state.or.us)

Krystalyn Salyer, OVERS Trainer  
971-673-1197  
[krystalyn.salyer@state.or.us](mailto:krystalyn.salyer@state.or.us)