



Health & Human Services

Medical Cause of Death
User Authentication for EVERS
Vital Records Unit

First Name

Middle Initial

Last Name

Facility Name and Address

License Number

User ID (State Userid that you previously created)

User Type:

- Physician (Death Certifier)
- Coroner (Death Certifier)
- Medical Data Entry Only

Mail or fax to:

ND Department of Health and Human Services
 Vital Records Unit
 Attn: Electronic Death Registration
 600 E. Boulevard Ave., Dept. 325
 Bismarck, ND 58505-0250
 Fax: (701) 328-0300

Contact Information:

Office Phone _____

Pager _____

Cell Phone _____

Fax _____

Notification Email:

E-Mail _____

Complete all contact information. E-mail address is required.

Main Office Contact (other than yourself):

Name

Title

Phone

E-Mail