Hospital Birth User
User Authentication for EVERS
North Dakota Department of Health

First Name ____________________________  Middle Initial ____________________________  Last Name ____________________________

Facility Name and Address ____________________________

User ID *(State Userid that you previously created)* ____________________________

User Type:
☐ Birth/Fetal Death Data Entry Only
☐ Birth/Fetal Death Submitter

Mail or fax to:
North Dakota Department of Health
Division of Vital Records
Attn: Electronic Hospital Registration
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
Fax: (701) 328-0300

Contact Information:
☐ Office Phone ____________________________  ☐ Pager ____________________________
☐ Cell Phone ____________________________  ☐ Fax ____________________________
☐ E-Mail ____________________________________________

*Complete all contact information, check one box as the primary method of contact.*

Main Office Contact (other than yourself):

Name ____________________________  Title ____________________________

Phone ____________________________  E-Mail ____________________________