Hospital Birth User
User Authentication for EVERS
Vital Records Unit

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:
ND Department of Health and Human Services
Vital Records Unit
Attn: Electronic Hospital Registration
600 E. Boulevard Ave., Dept. 325
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