Funeral Home User
User Authentication for EVERS
North Dakota Department of Health

__________________________  ____________________________  ____________________________
First Name                  Middle Initial               Last Name                  

Facility Name and Address

__________________________
License Number

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

User Type:
☐ Funeral Practitioner (Death Certifier)
☐ Data Entry Only
☐ Funeral Practitioner & Coroner

Mail or fax to:
North Dakota Department of Health
Division of Vital Records
Attn: Electronic Death 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