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

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 58505-0200
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 __________________________________________________________________________