Medical Cause of Death
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:
☐ Physician (Death Certifier)
☐ Coroner (Death Certifier)
☐ Medical Data Entry Only

Contact Information:
Office Phone ____________________________  Pager ____________________________
Cell Phone ____________________________  Fax ____________________________

Notification Email:
E-Mail  ________________________________________________________________

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

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

Main Office Contact (other than yourself):

Name ____________________________  Title ____________________________

Phone ____________________________  E-Mail  __________________________________________
