

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

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 _____

Notification Email:

E-Mail _____

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

Main Office Contact (other than yourself):

Name

Title

Phone

E-Mail