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 ___________________________
☐ 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 ___________________________