
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 58505-0250
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