



California Integrated Vital Records System
Account Registration Form

Complete all applicable fields, print and sign.
\* Represents required field for account creation.

Type of Account: EBRS \_\_\_ EDRS \_\_\_ FDRS \_\_\_ VRBIS \_\_\_ CDPH Staff \_\_\_

Type of User: LRD \_\_\_ Funeral Home \_\_\_ ME/C \_\_\_ Hospital/Birth Center \_\_\_

User Name (First, Middle, Last) \* User Role \*

Business Phone # \* Business Fax #

Individual Business Email Address \* License#/Badge#/Title \*

Employer/Facility Name \* Local Registration District \*

Employer/Facility Address \* Telephone Number \*

Participant or Authorizing Signature \* Date Signed \*

I have read and agree to all provisions of the participation agreement.
FH License Number \*

FH/Medical Facility Manager/Owner or Coroner Office Authorizing Signature \* Date Signed \*

Local Registrar Name \* Local Registration District (LRD) \*

Local Registrar Signature \* Date Signed \*

For assistance with this form, please contact the Help Desk.

EBRS (916) 445-8494 EBRSHelp@cdph.ca.gov EDRS/FDRS (916) 552-8123 EDRSHelp@cdph.ca.gov

VRBIS RegistrationOperations@cdph.ca.gov

ALL USERS

EDRS & FDRS ONLY