



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