



California Integrated Vital Records System Account Modification Request

Do Not Use to Establish A New Account

Date: _____	
Cal-IVRS User Name: _____	
Cal-IVRS System:	EPRS ___ EDRS ___ FDRS ___ VRBIS ___
User's Full Name: _____	
User's Organization: _____	

Action Requested: (check all that apply)

Inactivate User ___	Update User Info ___
Reactivate User ___	Change Access Level/Role ___
Change User's Location Within Same Organization (Relocate) ___	
PARENT/ CHILD RELATIONSHIPS - Funeral Homes or EDRS/FDRS Hospitals that are part of a network or group of facilities that want to have access to view and/or edit all Certificates within the organization. List facilities to be linked below.	

Changes, reason for change, or facilities to be linked:

Requester's Name, Title, Organization and Local Registration District:

Requester's Signature and Telephone Number:

Signature: _____ Telephone: _____ Date: _____

Request Completed By: _____ Date: _____

All changes will occur in the Cal-IVRS Training and Production environments.
Please send this completed document to the appropriate Cal IVRS Help Desk.

EPRS: EBRShelp@cdph.ca.gov

EDRS: EDRShelp@cdph.ca.gov

FDRS: FDRSHelp@cdph.ca.gov

VRBIS: RegistrationOperations@cdph.ca.gov