



STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH STATISTICS

VRIRSA ACCOUNT FORM

CHECK ONE OF THE FOLLOWING ACTIONS:

NEW VRIRSA ACCOUNT CHANGE ACCOUNT DELETE ACCOUNT

EFFECTIVE DATE OF ACTION:

CHECK ALL THAT APPLY:

COUNTY RECORDER

LOCAL REGISTRAR

Business Information	COUNTY:		
	REQUESTER'S NAME: (first, middle Initial, last)		VRIRSA LOGIN I.D. (Enter if one exists)
	ADDRESS:		CITY: ZIP CODE:
	PHONE:	FAX:	¹ EMAIL ADDRESS:
	SECTION/UNIT: (Optional)		² GROUP EMAIL ADDRESS:
	REQUESTER'S SIGNATURE:		JOB TITLE: (Optional)
	APPROVING SUPERVISOR'S NAME:		JOB TITLE: (Mandatory)
	SUPERVISOR'S SIGNATURE:		
	REMARKS OR REASON FOR CHANGE:		
	FOR STATE USE ONLY		
INTERNAL USE	VRIRSA I.D. ASSIGNED:		EFFECTIVE DATE OF CHANGE:
	REQUESTER ADDED TO GROUP(S):		
	REQUESTER DELETED FROM GROUP(S):		
	VRIRSA TEAM MEMBER:	CHANGES VERIFIED BY:	DATE VERIFIED:
Please send completed forms to the Help Desk: VRIRSAsupport@cdph.ca.gov or Fax (916) 319-8084 or Mail (click here for address)			

Choose only one email address.

¹ Desktop email address

² Group email address for use on shared PC at a counter