



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 _____

ALL USERS

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 ***

EDRS & FDRS ONLY

_____ 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 (916) 552-8123 EDRSHelp@cdph.ca.gov
FDRS (916) 552-8123 FDRSHelp@cdph.ca.gov VRBIS RegistrationOperations@cdph.ca.gov