



# 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