

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL RECORDS SYSTEM
ELECTRONIC BIRTH/DEATH REGISTRY SYSTEM

PARTICIPANT APPLICATION

PLEASE PRINT or TYPE

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Name (First, MI, Last)
Primary Location Name
Primary Location Mailing Address (Street Address or PO Box, City, State, Zip Code)
County
Area Code & Phone
Area Code & Fax
Email Address
Preferred Method of Contact (Check One) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone
User Location (Check One) <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input type="checkbox"/> Coroner's Office <input type="checkbox"/> County Registrar <input type="checkbox"/> State – Specify: _____ <input type="checkbox"/> Other – Specify: _____
Title (Check One) Secure User: <input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Funeral Director General User: <input type="checkbox"/> Funeral Home Admin/Support <input type="checkbox"/> Facility Admin/Support <input type="checkbox"/> State Data Entry <input type="checkbox"/> Med Records Clerk
Nevada License Number: (Physician, Nurse, Funeral Director, etc...)

<p style="text-align: center;"><u>For Official Use Only</u></p> <p>Date Received: _____</p> <p>Read Only <input type="checkbox"/> Yes <input type="checkbox"/> No Secure User <input type="checkbox"/> Yes <input type="checkbox"/> No Test Server <input type="checkbox"/> (Date Expires _____)</p>	<p>When form is completed... Email – OVRhelp@health.nv.gov, FAX (775) 684-4156 and/or send to:</p> <p>Division of Public and Behavioral Health Office of Vital Records 4150 Technology Way, Ste 104 Carson City, NV 89706</p>
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