
First Name

Middle Initial

Last Name

Facility Name and Address

User ID (*State Userid that you previously created*)

User Type:

☐ Birth/Fetal Death Data Entry Only

☐ Birth/Fetal Death Submitter

Mail or fax to:

ND Department of Health and Human Services
Vital Records Unit

Attn: Electronic Hospital Registration

600 E. Boulevard Ave., Dept. 325

Bismarck, ND 58505-0250

Fax: (701) 328-0300

Contact Information:

☐ Office Phone _____

☐ Pager _____

☐ Cell Phone _____

☐ Fax _____

☐ E-Mail _____

Complete all contact information, check one box as the primary method of contact.

Main Office Contact (other than yourself):

Name

Title

Phone

E-Mail