BUREAU OF VITAL STATISTICS
E-Physician User Support Document

This form may be used to establish or change user account access to the Electronic Death Registration System (EDRS) as an E-Physician.

Choose One Action: ◯ Create a New User ◯ Modify a Current User ◯ Remove a User

Full Name & Title: _____

(The new, current, or previous user depending on form action)

E-Mail Address: _____ ☐ Click here to opt **out** of email notifications

Phone Number: _____

Once your account is created, all death certificates assigned to you by the funeral home must be certified electronically. Please provide the address that you wish to auto-populate on all death certificates. You may provide only one address; therefore, we recommend that you use the address associated with your license number.

E-Physician Address: _____

Street City State Zip Code

Agreement: As a registered user of the system, you will be responsible for data entered into various electronic death records. By signing this document, I agree to abide by Ohio laws and regulations regarding the creation and submission of death certificates. Additionally, I agree that I will not divulge or share user authorizations and/or passwords concerning EDRS. I also agree to abide with all licensure regulations pertaining to my professional licensure. The information provided on this application is true to the best of my knowledge.

E-Physician License Number: _____

E-Physician Signature: _____

Signature Date

Please fax this completed form to the ODH Helpdesk at (614) 564-2420. You will receive a username and password via e-mail within approximately five business days. If you have any technical concerns, please call the ODH Helpdesk at (614) 466-2531, option 3.