



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
MoEVR USER ACCESS REQUEST

930 WILDWOOD DRIVE
 JEFFERSON CITY, MO 65109
 TELEPHONE (573) 751-6387
 FAX (573) 526-3846

Send completed form to Bureau of Vital Records via email: MoEVRsupport@health.mo.gov. (Attach separate sheet if necessary).

Please type or print clearly and ensure all applicable boxes are completed.

IDENTIFYING INFORMATION

| | | | | |
|---|------------------|------------|---|---------------------------|
| FIRST NAME | MIDDLE NAME | LAST NAME | ACTION REQUESTED <input type="checkbox"/> ADD ACCESS <input type="checkbox"/> ADD USER <input type="checkbox"/> DELETE ACCESS <input type="checkbox"/> DELETE USER <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> TRANSFER <input type="checkbox"/> UPDATE PROFILE | FOR STATE USE ONLY |
| OFFICE ADDRESS (STREET, CITY, STATE, ZIP) | | COUNTY | | |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | | | | |
| SSN (LAST 4 DIGITS ONLY) | OFFICE TELEPHONE | OFFICE FAX | | |
| CELL PHONE | E-MAIL ADDRESS | | FORMER NAME | |

SELECT ROLE(S) THAT APPLY:

DATA ENTRY: This role will allow data entry of birth records, death records, and/or fetal death records. The role allows access to pending queues and may allow submission of birth records, death records, and/or fetal death records to the Missouri Department of Health and Senior Services, Bureau of Vital Records.

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|---|--|--|---|
| BIRTH | DEATH | DEATH | FETAL DEATH |
| <input type="checkbox"/> Data Entry Clerk-Facility | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Data Entry Clerk-Physician | <input type="checkbox"/> Person Entering Report |
| <input type="checkbox"/> Data Entry Clerk-Hearing Screening | <input type="checkbox"/> Data Entry Clerk-Funeral Home | <input type="checkbox"/> Data Entry Clerk-Physician Assistant | |
| <input type="checkbox"/> Data Entry Clerk-CCHD | <input type="checkbox"/> Data Entry Clerk-Medical Examiner/Coroner | <input type="checkbox"/> Data Entry Clerk-Assistant Physician | |
| | | <input type="checkbox"/> Data Entry Clerk-Advanced Practice Registered Nurse | |

CERTIFIER/DE-CERTIFIER: This role will allow certification or de-certification of birth records, death records, and/or fetal death records. The role allows access to pending certification queues and may allow submission of birth records, death records, and/or fetal death records to the Missouri Department of Health and Senior Services, Bureau of Vital Records.

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|---|---|---|-----------------------------------|
| BIRTH | DEATH | DEATH | EMBALMER |
| <input type="checkbox"/> Facility Certifier | <input type="checkbox"/> Physician (MD/DO) | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Embalmer |
| <input type="checkbox"/> Physician (MD/DO) | <input type="checkbox"/> Medical Examiner/Coroner | <input type="checkbox"/> Assistant Physician | |
| | | <input type="checkbox"/> Advanced Practice Registered Nurse | |

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|---|--|
| LICENSED FUNERAL DIRECTOR LICENSE NUMBER | Facility: List name and complete address of each facility associated for this user. Funeral homes: Include funeral establishment license number for each facility. Data Entry Clerk or Person authorized to enter medical information: List name and license number for each physician/medical certifier associated with this user. Attach additional page(s) if necessary. |
| LICENSED CERTIFIER | |
| <input type="checkbox"/> MD <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Assistant Physician | 1) |
| <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Registered Nurse | 2) |
| LICENSE NUMBER NPI | 3) |
| LICENSED EMBALMER These roles are for the purpose of complying with embalming requirements. | 4) |
| <input type="checkbox"/> Licensed Embalmer LICENSE NUMBER | 5) |
| <input type="checkbox"/> Student Embalmer LICENSE NUMBER | 6) |
| <i>Failure to comply with embalming requirements constitutes grounds for revocation of license.</i> | |

COMMENTS:

SECURITY STATEMENT/APPROVALS

I, the undersigned, an employee of the facility listed above and user of the Missouri Department of Health and Senior Services, Vital Records MoEVR system, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. Any attempt to file fraudulent certificates of live birth, death, or reports of fetal death is punishable in accordance with Missouri Statutes. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use, and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension or dismissal from the system or (2) civil court action. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

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|----------------|------|--|------|
| USER SIGNATURE | DATE | SUPERVISOR/SUPERVISING CERTIFIER SIGNATURE (IF APPLICABLE) | DATE |
|----------------|------|--|------|

DEPARTMENT USE ONLY

| | | |
|-----------------------|-----------|------|
| DIVISION/PROGRAM NAME | SIGNATURE | DATE |
|-----------------------|-----------|------|