

Instructions for completing Vital Records User Access Request form –

Data Entry Clerk for Physician, Medical Examiner, Coroner:

1. Select the role that applies under DATA ENTRY. Under DEATH heading, check ‘physician data entry clerk’ or ‘medical examiner/coroner entry clerk’.

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.

BIRTH	DEATH	FETAL DEATH
<input type="checkbox"/> Facility Data Entry Clerk	<input checked="" type="checkbox"/> Physician Data Entry Clerk	<input type="checkbox"/> Person Entering Report
<input type="checkbox"/> Hearing Screening Entry Clerk	<input type="checkbox"/> Funeral Director	
	<input type="checkbox"/> Funeral Home Entry Clerk	
	<input checked="" type="checkbox"/> Medical Examiner/Coroner Entry Clerk	

2. List the name and license number for each physician associated with this user. Include additional page(s) if necessary.

Facility: List name and complete address of each facility associated for this user.	
Funeral homes: Include funeral establishment license number for each facility.	
Physician Assistant: List name and license number for each physician associated with this user.	
Attach additional page(s) if necessary.	
1)	
2)	
3)	
4)	
5)	
6)	

3. For accurate processing, physician assistants’ and physicians’ user access forms should be mailed together to the Bureau of Vital Records.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

P.O. Box 570, Jefferson City, MO 65102-0570
Telephone (573) 526-0348 Fax (573) 526-3846

VITAL RECORDS USER ACCESS REQUEST

Send completed form to Bureau of Vital Records at the address above.
(Attach separate sheet if necessary)

PLEASE PRINT

IDENTIFYING INFORMATION

Name (Last, First MI)		ACTION REQUESTED <input type="checkbox"/> ADD USER <input type="checkbox"/> ADD ACCESS <input type="checkbox"/> DELETE USER <input type="checkbox"/> DELETE ACCESS <input type="checkbox"/> TRANSFER <input type="checkbox"/> NAME CHANGE (Former Name)	PREFERRED METHOD OF CONTACT <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> QUEUE
Office Address (Street, City, Zip)			
Social Security Number - (Last 4 digits only)	County (for Medical Examiner/Coroner only)		
E-mail Address			
Office Telephone	Office Fax		

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.

BIRTH

- ☐ Facility Data Entry Clerk
☐ Hearing Screening Entry Clerk

DEATH

- ☐ Physician Data Entry Clerk
☐ Funeral Director
☐ Funeral Home Entry Clerk
☐ Medical Examiner/Coroner Entry Clerk

FETAL DEATH

- ☐ Person Entering Report

CERTIFIER / DECERTIFIER: 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 Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH

- ☐ Facility Certifier/Midwife
☐ Physician

DEATH

- ☐ Physician
☐ Medical Examiner/Coroner

EMBALMER

- ☐ Embalmer

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.
Physician Assistant: List name and license number for each physician associated with this user.
Attach additional page(s) if necessary.

LICENSED PHYSICIAN: MD DO

License Number _____ NPI _____

1)

2)

LICENSED EMBALMER: These roles are for the purpose of complying with embalming requirements.

☐ Licensed Embalmer

License Number _____

☐ Student Embalmer

License Number _____

3)

4)

5)

6)

Failure to comply with embalming requirements constitutes grounds for revocation of license.

COMMENT:

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 Web 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. 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.

USER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DEPARTMENT USE ONLY

DIVISION/PROGRAM SIGNATURE	DATE	DIVISION/PROGRAM SIGNATURE	DATE
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