

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH STATISTICS**

**USER AGREEMENT FOR THE  
ELECTRONIC VITAL EVENTS REGISTRATION SYSTEM (EVERS)  
DEATH REGISTRATION**

I, the undersigned, understand that the Electronic Vital Events Registration System (EVERS) Death Registration is a computer-based system that allows vital records to be completed and filed electronically over the Internet. Use of this system to complete and file death certificates is the same as completing and mailing paper death certificates to the local County Health Department or the Center for Health Statistics. All Alabama laws and Rules of the State Board of Health that apply to paper death certificates apply in the same manner to death certificates filed through EVERS Death Registration.

I, the undersigned, acknowledge and understand that my User ID and Password for the Alabama Department of Public Health EVERS Death Registration constitute my electronic signature and are the legal equivalent of my customary and usual handwritten signature, and I agree that any actions taken through the use of my User ID and Password are the same as those I sign with my handwritten signature. I understand that this electronic signature will permanently remain with all death certificates completed by me through this User ID and Password in the same manner as my handwritten signature appears on paper death certificates. I also understand and acknowledge that I am not to divulge my User ID and Password to any other person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number & Fax Number

\_\_\_\_\_  
E-Mail Address (Work)  
**\*\*You must have a valid email address to gain access to EDRS.**

\_\_\_\_ I **currently** have access to ADPH Security Login. I am requesting additional access for EVERS Death Registration. My username is \_\_\_\_\_.

**Your registration is not complete until we have received this signed User Agreement AND your name is listed on the Facility Designation/Authorization Form giving you the authority to process death certificates for your facility.**

Mail or Fax Completed Form To:      AL – EDRS  
Center for Health Statistics  
PO Box 5618  
Montgomery, AL 36103-5618  
Fax: 334-206-2682 or 334-206-2733

For Use by CHS only:

Username: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

\_\_\_\_\_ Level 1    \_\_\_\_\_ Level 2    \_\_\_\_\_ Level 3      Notification: \_\_\_Email \_\_\_Phone