

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
 CENTER FOR HEALTH STATISTICS
 CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)
 CERTIFIED NURSE MIDWIFE (CNM)
 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 understand and acknowledge that I must have an active collaborative agreement with a physician in order to sign Alabama death certificates and Supplemental Medical Certifications in accordance with Alabama Act No. 2018-474.

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.

Print Name	Signature	Date
Title (i.e., CRNP, CNM)	License Number	Office Name
Phone Number	Fax Number	Office Address
E-Mail Address (Work)**	Suggested Username (Optional)	

** You must have a valid email address to gain access to EDRS. When registered, you will receive an email containing your username and temporary password.

Fax this form to: 334-206-2682 or 334-206-2733

For Use by CHS only:

Username: _____ Date Assigned _____