

MN VRV2000 USER ID APPLICATION

Funeral Establishment

- Instructions: 1. Use this form to add users, to change information about a user, or to delete a user from the system.
2. Check the option required.
3. Do not combine more than one type of request (New, Change, Delete) per form.

NEW (Add user to system.) **CHANGE (Complete name and information that has changed.)**

DELETE USER ID - SUSPEND ALL RIGHTS Effective _____
(Date)

(Type or Print)	(First)	(M.I.)	(Last)
Funeral Establishment Owner:			
Email Address:			Phone Number:
Funeral Establishment:			Address:
Funeral Establishment License Number(s):			City, State, ZIP:
I authorize the following funeral home directors to have access to the MN VRV2000:			
Signature:			Date:

FUNERAL HOME DIRECTORS

(Type or Print)	(First)	(Middle Initial)	(Last)
Name:			License Number:
E-mail Address:			Phone Number:
By signing this application I acknowledge that sharing my password or logging into MN VRV2000 with <u>any</u> other password other than my own is a breach of system security and may result in the suspension of my system privileges.			
Signature:			Date:

(Type or Print)	(First)	(Middle Initial)	(Last)
Name:			License Number:
E-mail Address:			Phone:
By signing this application I acknowledge that sharing my password or logging into MN VRV2000 with <u>any</u> other password other than my own is a breach of system security and may result in the suspension of my system privileges.			
Signature:			Date:

(Type or Print)	(First)	(Middle Initial)	(Last)
Name:			License Number:
E-mail Address:			Phone:
By signing this application I acknowledge that sharing my password or logging into MN VRV2000 with <u>any</u> other password other than my own is a breach of system security and may result in the suspension of my system privileges.			
Signature:			Date:

Please retain a copy for your records.

Rev. 11/2005

Return form to: Minnesota Department of Health
Office of the State Registrar
ATTN: State Registrar
P.O. Box 64882
St. Paul, Minnesota 55164-0882