

MR&C is the statewide electronic system for registering deaths in Minnesota.

To use MR&C for your job duties, you must complete and sign the top section of this form.

Your supervisor must complete the second section of the form. When the Office of Vital Records receives the form and creates your user account, you will receive an email with your MR&C username.

**Applicant - Person requesting access to MR&C**

Applicant first name	MI	Applicant last name	I am a <input type="checkbox"/> Funeral home staff assistant <input type="checkbox"/> Mortician
Mortician license number (if applicable)	Email		Phone (10-digit)

My signature on this document means that:

- I will keep MR&C secure. I will not share my password with anyone and will not log into MR&C with anyone else’s user information.
- I will support OVR’s expectation that medical certifiers complete cause of death registration in MR&C.
- I understand that penalties exist under Minnesota Statutes for unlawful use of data.
- If I do not abide by this agreement, the Minnesota Department of Health may disable my MR&C user account.

Applicant signature	Signature date
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If you used MR&C before, list the names of the businesses that previously employed you; we want to remove them from your user account.

**Supervisor of applicant above - Funeral establishment information and authorization - Mandatory**

A funeral establishment employee who supervises the applicant named above must complete and sign this section.

**You must list the funeral establishment names and license numbers at which this applicant is employed.**

Funeral establishment name - mandatory	Funeral establishment license # - mandatory

There is more room on the next page.

<b>Supervisor</b>	Supervisor first name	MI	Supervisor last name	Business phone (10-digit)
	Relationship to funeral establishment <input type="checkbox"/> Owner <input type="checkbox"/> Admin. Asst. <input type="checkbox"/> Mortician <input type="checkbox"/> Other _____			Business email address
	<b>I authorize the applicant named above to enter fact of death information into MR&amp;C for the above-listed funeral establishments.</b>			
	Supervisor’s signature			Date signed

Supervisor – When the applicant no longer works for your establishment(s), email [health.MRCAdmin@state.mn.us](mailto:health.MRCAdmin@state.mn.us). Tell us the name of the former employee and which funeral establishments we should remove from the user’s MR&C account when we disable it.

**Form management, submission, and account information**

1. Scan and email the completed form to [health.MRCAdmin@state.mn.us](mailto:health.MRCAdmin@state.mn.us) or, FAX to 866-416-1357.
2. Keep a copy of the completed form for your records.
3. The applicant will receive instructions by email from MR&C on how to log in for the first time.
4. Help is available from the MR&C Support Desk. Contact the at 651-201-5970.

Authority: Minnesota Statutes, chapter 144.221, Minnesota Rules, chapters 4601.1500 – 4601.1600

To obtain this information in a different format, call 651-201-5970.

MORTICIAN OR FUNERAL HOME STAFF USER AGREEMENT

<b>List the funeral establishment names and license numbers at which this applicant is employed.</b>	
Funeral establishment name - mandatory	Funeral establishment license # - mandatory