

Minnesota Registration & Certification (MR&C) County Vital Records Office User Agreement

Use this form to get a user ID and password for MR&C or to change or disable an existing account. MR&C is the statewide vital records registration and issuance system.

☐ New user	☐ Change user info		☐ Disable user (list user's name)			ame) I	Effective date:		
User first name MI U		Jser last name		C	County Vital Records Office (CVRO)				
					na	ame			
CVRO street addres				City			State	Zip code	
				0.07			MN	p	
Business email				Business phone (10-digit)					
By signing this document, I agree that:									
I will keep MR&C secure; I will not share my MR&C password or log into MR&C with any user ID other than									
my own. I will log out of MR&C when I am not using it.									
I will log into MR&C <i>only</i> at my assigned county office(s) while I perform my vital records duties.									
I will release private or confidential vital records information only as allowed by law (Minnesota Statutes,									
sections 144.211-144.227, and Minnesota Rules 4601).									
MDH will provide me with access to the MDH Sharepoint Connect site for county offices (via a separate									
email) and send periodic communications from the Office of Vital Records via a GovDelivery email list.									
 I understand the potential penalties for unlawful use of data (Minnesota Statutes, sections 609.87-609.98, 									
and Chapter 13) include fines and imprisonment.									
If I do not abide by this agreement, the Minnesota Department of Health may end my access to MR&C.									
User signature				□ I am an MR&C user User signature date					
				☐ I have never used MR&C					
When your account is created, you'll receive an email with a link to MR&C, your username, and log in instructions. If you do not get the email or need help, call the MR&C Help Desk at 651-201-5970.									
mistractions. If you do not get the email of fleed help, call the what help besk at 051-201-5970.									
User information change request (last name, email, phone, user role, location)									
Specify the information you want to change:									
Some changes may require that we create a new account and disable the old one.									
Supervisor – assign role(s) and authorize user									
☐ Issuance	☐ Correct/A	Mend	☐ Correct/			ninistrati		☐ Non-Issuance	
	(Change)		(Deaths o	only)	(Rep	ports, invo	picing)		
Authorizing supervisor email									
information in MR&C. The public user role may not have any other roles.									
Printed name of authorizing supervisor			Signature of authorizing supervisor				Signature date		
Trinica name of authorizing supervisor			Signature of dutinorizing supervisor				Jigilature date		
Form manageme									
1. Email completed form to health.MRCAdmin@state.mn.us or fax to 866-416-1357.									
 Keep a copy of 	2. Keep a copy of the completed form for your records.								