

Medical Examiner / Coroner Update or Service Area Change for MR&C

Use this form to:

- Add medical examiners/assistant medical examiners, coroners/deputy coroners (ME/Cs) to your office
- Remove ME/Cs from your office

or email health.MRCAdmin@state.mn.us anytime.

- Add a county or counties to your ME/C service area
- Remove a county or counties from your ME/C service area

OVR keeps a table of ME/Cs by county in MR&C. This table allows MR&C to show morticians and funeral

		E/Cs for the outhorizations							uneral	directo	ors can then
Assistant ME, Coroner, Deputy Coroner, ME											
First name MI Las			Last nar	me License numb			er	NPI number (individual)			
Office name	Email address for Asst ME, Coroner, Dep Coroner, ME Office phone nu						none num	nber (10-digit)			
Office street a				City		St	tate	ZIP Code™			
Role Co	oroner	roner \square Deputy coroner \square Assistant medical examiner \square Medical examiner							ner		
Add/remove counties from medical examiner office service area											
Check this box if your office is adding a county to your service area MR&C users in your office will see referred death records and cremation authorizations after we link the county to your office. Staff new to your office must complete the Medical Certifier / Designated Staff User Agreement. IMPORTANT Note: OVR will remove the former ME/Cs from the county you have added to your service area. Check this box if your office is removing a county from your service area OVR will remove the county from the ME/Cs listed for your office in the MR&C ME county table. Effective date for addition or removal of county MM/DD/YYYY List the names of the counties to add to or remove from your office's service area:											
Medical Examiner / Coroner Name and signature											
The chief m	edical ex	aminer must	sign to a	uthorize	service	area (changes, a	ind add, o	r remov	ve, assi	stants.
A coroner m	nust sign	to add or rer	nove dep	outy coro	ners.						
Printed name of medical examiner or coroner					Date MM/DD/YYYY						
Signature of m				Phone number (10-digit)							
Submit forn											
	nail comp	oleted form t	o <u>Health</u>	.MRCAdn	nin@sta	ite.mr	<u>1.us</u>				
Questions											
Contact the	Office of	f Vital Record	ls Help D	esk, at 65	51-201-5	5970,	Monday -	- Friday, fr	om 8:0	0 a.m. ⁻	to 4:30 p.m.,