



**Bureau of Health Statistics and Registries**  
HD01591F 03/20

## Funeral Home User Account Request for PA's Electronic Death Registration System

This form is to be completed to request a user account in PA's Electronic Death Registration System (EDRS).

<b>Requester's Information - Please Print or Type</b>		
1. Requester's First Name, Middle Initial and Last Name		
2. Requester's Email Address (provide a unique work email address for requester, not the general facility or personal email address)		
3. Requester's Facility Name		
4. Facility Street Address (Line 1)		5. Facility Street Address (Line 2)
6. Facility City	7. Facility County	8. Facility Zip Code
9. Facility/Office/Unit Phone Number	10. Facility/Office/Unit Manager Name	11. Facility /Office/Unit Manager Email
12. I complete reports of death at additional facilities in Pennsylvania. <span style="float: right;">Yes      No</span>		
13. If #12 is yes, list the additional facilities and addresses where death reports are completed. (attach additional sheets if necessary)		
14. Professional Title a. Authorized Individual Signing the Report of Death Funeral Director    Other Specify  b. Administrative Support Data Entry/Office Support    Facility Account Manager		15. Funeral Directors must provide a valid Pennsylvania License.
<b>Requester's Training Needs</b>		
16. Select one of the following to indicate training needs.  <div style="margin-left: 20px;"> <input type="checkbox"/> I have had training or will receive training from someone at my facility.  <input type="checkbox"/> I need training from the Bureau of Health Statistics and Registries.  <input type="checkbox"/> I plan to become familiar with EDRS using the online training resources at <a href="http://www.doh.pa.gov/edrs">www.doh.pa.gov/edrs</a>.         </div>		
<b>Acknowledgment of Responsibilities</b>		
My signature below attests that I am the individual named above and the information I provided on this form is true and correct to the best of my knowledge. I understand and shall adhere to the <a href="#">PA's EDRS User Agreement and Confidentiality Policy</a> . If I checked one of the boxes in #14a above, my signature also indicates I accept that each time an electronic signature is affixed using the unique credentials assigned to me it shall be presumed to be my signature, and the burden of proof for repudiation of this electronic signature shall be on me as the custodian of my unique credentials.		
17. Signature	18. Date	
<b>Funeral Director Approval</b>		
I approve that this requestor is authorized to enter information into EDRS on behalf of the facilities listed above		
19. Licensee Signature	20. License Number	21. Date
<b>This completed form may be faxed to 717.265.8383 or scanned and sent via email attachment to RA-DHEDRSUserAcct@pa.gov.</b>		