



State of New Jersey
DEPARTMENT OF HEALTH
VITAL STATISTICS AND REGISTRY
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Commissioner

Electronic Death Registration System (EDRS)
Request for Facility Administrator's Username and Password

☐ I am a new Administrator for a new facility ☐ I am replacing an existing Administrator

Date: _____

For EDRS Facility Administrators:

You must provide a valid email address to receive your Username and Password. When complete, print and sign name at the bottom of the form and email form back to edrssupport@doh.nj.gov. You will receive further instructions in the email you provided. If you have any questions, or have not received a response, please call the help desk at 877-797-4796.

Facility Type: ☐ Funeral Home ☐ Nursing Home/LT Care/ALR ☐ Hospice ☐ Hospital ☐ Health Agency

Facility License Number: _____

License # issued by ☐ New Jersey Department of Health ☐ New Jersey Division of Consumer Affairs

If Health Agency, Tax ID Number: _____

Facility Name: _____

Address: _____

City: _____ Zip Code: _____ - _____

**Required for all facilities except when "Health Agency" is checked*

*Municipality: _____ *County: _____

Your Email Address: _____

Telephone #: _____ Fax #: _____

I certify that I am the Administrator (or owner) of the facility listed above. Print Name and Sign with Date below:

Name: _____ Sign&Date: _____