

**CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)
OFFICE OF VITAL STATISTICS (OVS)
KENTUCKY-ELECTRONIC DEATH REGISTRATION (KY-EDRS)**

This form must be completed in order to allow an assistant having a need to access the Office of Vital Statistics Kentucky-Electronic Death Registration System, via secure portal access, as a subsidiary Admin Approver. It must be completed in ink or typed, all information must be accurate and complete, and the form must contain the appropriate authorized signature. *When the form is completed, it MUST BE SENT for verification and approval to the appropriate authorities.*

SECTION 1: FUNERAL DIRECTOR, MEDICAL CERTIFIER OR CORONER INFORMATION

FULL NAME: _____ REQUEST DATE: _____
USERNAME: _____ EMAIL: _____
PRIMARY PHONE: () _____ ALTERNATE PHONE: () _____
FACILITY NAME: _____
FACILITY FEDERAL ID #: _____ LICENSE #: _____ EXP: _____
JOB TITLE/FUNCTION: _____
BUSINESS MAILING ADDRESS: _____
CITY: _____ ZIP: _____ COUNTY: _____

SECTION 2: AUTHORIZATION SIGNATURE

As an authorized Admin Approver within the KY-EDRS, I am submitting this request to delegate and authorize the individual listed in Section 3 to be an Admin Approver, as a subsidiary to the access granted to me as an authorized Admin Approver.

AUTHORIZED USER SIGNATURE: _____ DATE: _____
Print Name (must be legible): _____

SECTION 3: ASSISTANT INFORMATION

FULL NAME: _____ USERNAME: _____
EMAIL: _____
JOB TITLE/FUNCTION: _____

SECTION 4: ASSISTANT USER SIGNATURE

I attest to the best of my knowledge that the information provided above is true, accurate, and complete.

USER SIGNATURE: _____ DATE: _____

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OVS ADMINISTRATOR: _____ DATE: _____

Print Name (must be legible): _____

Date Request Received: _____ Date Issued/Notified: _____

Deletion Date: _____

Reason (circle one): Non-use Resigned Retired Dismissed Other _____

CHECKLIST FOR COMPLETING THE AUTHORIZATION REQUEST FOR THE KENTUCKY-ELECTRONIC DEATH REGISTRATION SYSTEM (KY-EDRS)

Section 1: FUNERAL DIRECTOR, MEDICAL CERTIFIER OR CORONER INFO

ALL fields must be completed. *Handwritten information must be legible.* Access will not be granted if this section is incomplete, and the form will be returned.

Section 2: AUTHORIZATION SIGNATURE

Signature must be original. We will not permit anyone to sign for another person; the authorization signature must be from that person. Clear signatures must be provided. *Access will not be granted if signature is missing or name is illegible, and the form will be returned.*

Section 3: ASSISTANT INFORMATION

ALL fields must be completed. *Handwritten information must be legible.* Access will not be granted if this section is incomplete, and the form will be returned.

Section 4: ASSISTANT USER SIGNATURE

Signature must be original. We will not permit anyone to sign for another person; the user signature must be from that person. Clear signatures must be provided. *Access will not be granted if signature is missing or name is illegible, and the form will be returned.*

ADMIN APPROVER USER PROFILE FORM MAILING INSTRUCTIONS

Once the 'Admin Approver' has been completed and signed by all required parties, please mail the form containing the original signatures to:

Office of Vital Statistics
Administration & Quality Assurance Section
275 East Main Street 1E-A
Frankfort, KY 40621