

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS  
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)  
 ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)  
 FUNERAL HOME USER LOGON REQUEST FORM**

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**User ID:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FUNERAL HOME NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
 (Access will be associated with this address/facility ONLY)

**Funeral Home Staff / Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License No. # (If Director):** \_\_\_\_\_ **License Expiration Date:** \_\_\_\_\_

ROLE NAME		DESCRIPTION OF JOB FUNCTION
<input type="checkbox"/>	CASE_CREATION	Enables a VVESTS - EDRS module user to create a case in the system using the basic information about the decedent. This role may be granted to users from funeral homes, OCME as well as physicians', hospital or medical facilities' staff.  Funeral homes with this role may also enter disposition information for fetal deaths assigned to them.
<input type="checkbox"/>	DEMOGRAPHICS_SIGN	Enables the funeral directors and the VSAP directors or staff to digitally sign the demographic portion of a death certificate. All funeral directors seeking this role must have a valid professional license number. <b>(FUNERAL DIRECTORS ONLY)</b>
<input type="checkbox"/>	EDRS_EAMEND_ENTRY_DEMO	Enables funeral home users to request amendments to demographic information of a death record in the VVESTS – EDRS Module.
<input type="checkbox"/>	TRANSIT_PERMIT_APPROVAL	Enables the Local Health Department staff, special registrars and Vital Records users to approve out of state transit permits associated with a death certificate <b>(FUNERAL DIRECTORS / SPECIAL REGISTRARS ONLY)</b>

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. FUNERAL HOMES are required to report to Division of Vital Records when an employee access should be deactivated due to termination or changes in duties that no longer necessitate access to VVESTS. Notification must be given within two (2) days of the termination or change.

**REQUIRED SIGNATURES:**

**REQUESTER (USER):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUPERVISOR APPROVAL (Not applicable if you are a Funeral Director AND have no supervisor):**

**Print Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VDH APPROVAL (If no Facility User Administrator is present):**

**Division of Vital Records:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>VDH Application Help Desk Contact Information:</b>	
Phone Number	804-864-7200 – Option 2
FAX Number	804-864-7155
Email	<a href="mailto:vim_webappshelp@vdh.virginia.gov">vim_webappshelp@vdh.virginia.gov</a>

User access deactivated/terminated on \_\_\_\_\_ (DATE) and reported to DVR on \_\_\_\_\_ (DATE)