



California Integrated Vital Records System
Account Modification Request

Do Not Use To Establish A New Account

Form with fields: Date, Cal-IVRS User Name, Cal-IVRS System (EBRS, EDRS, FDRS, VRBIS), User's Full Name, User's Organization

Action Requested: (check all that apply)

Form with checkboxes for: Inactivate User, Update User Info, Reactivate User, Change Access Level/Role, Change User's Location Within Same Organization (Relocate), PARENT/CHILD RELATIONSHIPS - Funeral Homes or EDRS/FDRS Hospitals...

Changes, reason for change or facilities to be linked:

Four empty rows for text input regarding changes and reasons for change.

Requester's Name, Title, Organization and Local Registration District :

Two horizontal lines for text input for requester information.

Requester's Signature and Phone Number:

Horizontal line for signature and phone number, with Date: label to the right.

Request Completed by:

Horizontal line for completion name, with Date: label to the right.

All changes will occur in the Cal-IVRS Training and Production environments. Please email or fax this completed document to the appropriate Cal IVRS Help Desk. EBRs: EBRShelp@cdph.ca.gov 916-636-6007 EDRs: EDRShelp@cdph.ca.gov 916-323-2299 FDRs: FDRSHelp@cdph.ca.gov 916-323-2299 VRBIS: RegistrationOperations@cdph.ca.gov