



Indiana State Department of Health

IBRS, IDRS AND IFDRS **Confidentiality & User Agreement**

As required by Indiana Code 16-37-1 the Indiana State Department of Health has implemented the Indiana Birth Registration System (IBRS) and Indiana Death Registration System (IDRS). The Indiana Fetal Death Registration System (IFDRS), as required by Indiana Code 16-37-3, has also been implemented. This form is to be used to register all Users, including Administrative Staff, to allow access to these systems. To login into the IDRS and IFDRS go to:
<https://myweb.in.gov/ISDH/IDRSThin/>

Self-guided training and a wealth of other information on the IDRS and IFDRS may also be about at this site.

On page two (2) you will be asked to indicate what role you play in the processing of the record. Most users will have only one role in the death certificate process. An example of multiple roles is a physician who is also the county coroner. The user would need to complete a section on page two (2) for each role. If you are a Funeral Director with more than one funeral home location, each location must be listed in this Agreement because each location will be entered into the IDRS. ***Please note – Funeral Directors, each of your funeral home locations will be assigned a different PIN but your Username and Password are the same.**

Send completed form to: **Indiana State Department of Health**
ATTN: Vital Records or **Fax to 317-233-5956**
2 North Meridian Street
Indianapolis, IN 46204

By signing this form, the User acknowledges the conditions under which access to the IBRS, IDRS and IFDRS is granted, and agrees to be held to these conditions:

- All Users shall safeguard their user ID, password and PIN number, if applicable, and maintain system confidentiality.
- All Users shall periodically change their password and a change is REQUIRED every 365 days.
- Users shall notify the Indiana State Department of Health of any changes to this information.

You will receive an email confirmation of receipt of this Agreement within twenty-four (24) hours. If you do not receive confirmation, or if you have questions about completing this User Agreement, please email the VR Helpdesk at VRHelpDesk@isdh.in.gov or (317) 233-7989.

Type of account: *new user* *modify account access, If modify Current User ID _____*
(Please circle what needs to be modified.)

Check the system(s) you need access to: **Indiana Birth Registration System**
 Indiana Death Registration System
 Indiana Fetal Death Registration System

Please Print Legal Name of Individual Requesting Access to the System Signature of Requesting User

State issued Operator License (Driver's License) or State ID number of User: _____

State Which Issued the Operator License _____ Date of Birth (month, day, year): _____

Indiana Professional Licensing number (if applicable): _____ Term Expires: ____/____/____

As these systems utilize an electronic signature, this information is used to verify the identity of those requesting access to protect the integrity of the systems.

Email Address of User _____ **Number of pages submitted** _____

IBRS, IDRS and IFDRS Facility Location Information

*Please copy and use additional sheets as necessary.

Name of User _____

1

Facility/Location Name: _____

Indiana License number of facility (if applicable): _____ Expires (month, day, year): _____

Address (number and street): _____

County: _____ City: _____ State: _____

ZIP: _____ Telephone number: _____

Office Manager's Name (used to verify identification of callers for password resets): _____

Office Manager's Signature: _____

E-mail: _____
(List the address where YOU want to receive notification that a record is waiting in the system, if different than the email provided on page 1.)

cc E-mail: _____
(This address should be of the person whom you want to receive, in addition to you, e-mail notification of when a record is waiting in the system. You may select up to 3 cc E-mail addresses. You may choose to leave this blank)

What role will you play in completing the record as this location? Check **all** that apply:

Birth User Type: Certifier Administrative Staff

Death User Type: Physician Coroner Deputy Coroner

Health Officer Funeral Director Administrative Staff

Facility/Location Name: _____

Indiana License number of facility (if applicable): _____ Expires (month, day, year): _____

Address (number and street): _____

County: _____ City: _____ State: _____

ZIP: _____ Telephone number: _____

Office Manager's Name (used to verify identification of callers for password resets): _____

Office Manager's Signature: _____

E-mail: _____
(List the address where YOU want to receive notification that a record is waiting in the system, if different than the email provided on page 1.)

cc E-mail: _____
(This address should be of the person whom you want to receive, in addition to you, e-mail notification of when a record is waiting in the system. You may select up to 3 E-mail addresses. You may choose to leave this blank)

What role will you play in completing the record at this location? Check **all** that apply:

Birth User Type: Certifier Administrative Staff

Death User Type: Physician Coroner Deputy Coroner

Health Officer Funeral Director Administrative Staff