

Department of Health and Human Services
Nebraska Vital Records
Electronic Registration System - New User Request

Title:		License Number:	
NPI:			
Name: First	Middle	Last	
Facility Name:			
Facility Address:			
Facility City:	Facility County:	Facility State:	Facility Zip:
Facility Establishment Number (Funeral Homes Only):			
Contact Phone Number:		Contact Fax Number:	
Contact E-Mail:			
Contact 2nd E-Mail:			