NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Nebraska Vital Records

Electronic Registration System – New User Request

This is a fillable PDF form. Please complete it electronically (if possible) and return by email to:
DHHS.VitalRecordsHelpDesk@nebraska.gov

*Title:	**License Number:	**NPI Number:	***Facility Establishment License Number:
First Name:	Middle Name:	Last Name:	
Facility Name:		Facility Address:	
Facility City:	Facility County:	Facility State:	Facility Zip:
Contact 1st Phone Number: ☐ Office ☐ Mobile		Contact 2nd Phone Number: ☐ Office ☐ Mobile	
Contact 1st Email:		Contact 2nd Email:	

*Title is **REQUIRED** for **ALL USERS** in order to be entered into the Nebraska Electronic Registration System.
(Examples: MD, APRN, PA, PA-C, DO, Physician Clerk, Funeral Director, Funeral Home Clerk, etc.)

License, and NPI Number fields are **REQUIRED for Medical Doctors, Physician Assistants, and Advanced Practice Registered Nurses to be entered into the Nebraska Electronic Registration System.

***Facility Establishment License number is for Funeral Homes only.