



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

Agreement for use of EVitals/DAVE

I have received the EVitals Handbook and I agree to abide by the policies and procedures it contains.

Knowing that I am responsible for cases entered into EVitals/DAVE by the use of my logon and password, **I agree to not share my logon ID or password with anyone.**

Signature: _____

Today's date: _____

Full name (please print clearly): _____

(First) (Middle) (Last) (Title)

My work phone number: _____

My work email address: _____

My facility: _____

Facility address: _____

Register me as a DAVE User

Birth

Death

Register me as a DAVE Certifier (This option is Funeral Directors, Physicians, CNP's & Midwives only)

Medical License #: _____

NPI #: _____

Funeral Director License #: _____

Please submit this form to NMVRHS by email at evitals.dave@state.nm.us, or by fax at 505-827-0403 OR 1-866-672-4137.

For Vital Records Use Only		
Date Received	_____	
Date Added to DAVE	_____	
Date Notified	_____	
<input type="checkbox"/> Emailed	<input type="checkbox"/> Faxed	<input type="checkbox"/> Called

Epidemiology and Response
Bureau of Vital Records and Health Statistics
PO Box 26110 Santa Fe, NM 87502

Toll Free Number: 1-866-534-0051 <http://www.vitalrecordsnm.org>

