PHILIP D. MURPHY Governor SHEILA Y. OLIVER Lt. Governor

Date:

City:

Facility Name:

Telephone:

Signature

PO BOX 370
TRENTON, N.J. 08625-0370
www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Commissioner

Electronic Death Registration System (EDRS) Request for Username and Password by

Newly Licensed Funeral Director

For EDRS Licensed Users: Please provide the EDRS team and the Department of Health with an e-mail address to send your			
Username and Password. If you do not have a working e-mail address at this time, please provide a fax number.			
Once you obtain a Username and Password, you will be able to access EDRS only after you have been associated to a facility. Please contact your Facility Administrator to associate your license with that facility.			
Please complete all the information below, sign your name and then fax to 609-292-5150 so that we can begin the process. If you have any questions, contact the Help Desk at 877-797-4796.			
Name:		License Number:	
E-mail Address:			
Address:			

Zip Code:

Fax:

Facility Lic#