



Nebraska Vital Records  
Electronic Registration System New User Request

Title:	License Number:
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First/Middle/Last Name:

Facility Name:

Facility Address:

City:	County:	State:	Zip:
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Facility Establishment Number (Funeral Homes Only):

Contact Phone Number:	Contact FAX Number:
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Contact E-Mail:

Contact 2nd E-Mail:

Preferred Method of Contact:

FAX       E-Mail       Attestation