



**ARKANSAS DEPARTMENT OF HEALTH  
VITAL RECORDS  
ERAVE USER APPLICATION FORM**

Administrative Use Only

|                            |          |
|----------------------------|----------|
| Account Created on (Date): | Initials |
| Roles Assigned on (Date):  | Initials |

Directions: Complete the form and sign the user agreement. Email the completed form to ADHERAVE@arkansas.gov, fax the completed form to **501-683-6646**, or mail the completed form to ATTN: ERAVE, Arkansas Department of Health, 4815 West Markham, Slot 19, Little Rock, AR 72205.

**Applicant's Data** (\*Required Fields):

|                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| <b>*First Name</b>       | <b>Middle Name/Initial</b> | <b>*Last Name</b>        |
| <b>*Business Address</b> |                            | <b>*City, State, Zip</b> |
| <b>*Primary Phone</b>    |                            | Fax Number               |
| Mobile Phone             |                            |                          |
| <b>*Email Address</b>    |                            |                          |

**\*ERAVE Roles** (List each group/location combination separately.)

Permission Group (See group list below.)      Facility Name/Location (funeral home name, hospital name, county, etc.)

|        |  |  |
|--------|--|--|
| Role 1 |  |  |
| Role 2 |  |  |
| Role 3 |  |  |

**ERAVE Permission Groups:** Funeral Director, Funeral Director Assistant, Coroner, Deputy Coroner, Coroner Assistant, Physician, Physician Clinic Staff, Medical Examiner, Medical Examiner Office Staff, Medical Examiner Assistant, Hospital Death Clerk, Birthing Clerk, Midwife, Hospice RN, & Local Health Unit.

**\*License Number** (Required for Physicians, Resident Physicians, Funeral Directors, Midwives and Hospice RNs):

License Type      License Number

|           |  |  |
|-----------|--|--|
| License 1 |  |  |
| License 2 |  |  |

By signing below, I agree to the following:

*The purpose of the Electronic Registration of Arkansas Vital Events (ERAVE) system is to support the needs of the Arkansas Department of Health and other users, such as Funeral Directors, Attending Physicians, Medical Examiners, Coroners, Hospice RNs, Birthing Hospitals and Facilities and Midwives. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Arkansas Statutes.*

*By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Arkansas.*

*I understand that failure to adhere to the above agreement will result in loss of access to ADH Internet databases, and may be subject to legal penalties.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date