



**INDIANA BIRTH / DEATH REGISTRATION SYSTEM**

**(IBRS) / (IDRS) USER REMOVAL**

State Form 53758 (R / 5-12)

INDIANA STATE DEPARTMENT OF HEALTH

*This is a request to remove the following user from the Indiana Electronic Birth / Death Registration System:*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

User ID: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Date to remove user: \_\_\_\_\_

Signature of Site Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number of Site Manager: \_\_\_\_\_

Send completed form to:

Vital Records Department  
Indiana State Department of Health  
2 North Meridian Street  
Indianapolis, In 46204

-OR-

Fax to the IBRS / IDRS Support Center at 317-233-5956

*Please copy and use additional sheets as necessary.*