

PHYSICIAN AUTHORIZATION FOR SVRIS DESIGNEE

If you need assistance, please contact DHSSVRISAdmin@wisconsin.gov.
Email completed form to DHSSVRISAdmin@wisconsin.gov or fax to (608) 261-4972.

Only Wisconsin licensed physicians, coroners, and medical examiners are legally authorized to complete and sign the medical certification portion of Wisconsin death records.

Complete this form to authorize designated staff to:

- Enter medical certifications provided by you into the Statewide Vital Records Information System (SVRIS) on your behalf.
- Enter your response to medical certification queries from the State Vital Records into SVRIS.
- Enter amendments requests provided by you into SVRIS.

MEDICAL CERTIFIER'S INFORMATION (Items marked with an asterisk (*) will appear on certified copies of death records.)

Name (First, M, Last) *	
Title (MD or DO) *	Wisconsin Physician License Number #
Primary Facility Name or SVRIS Group (if known)	
Mailing Address *	
City *	Zip*
Phone	Fax
Email	There is currently a record assigned to me in SVRIS <input type="checkbox"/> Yes <input type="checkbox"/> No

Your signature below authorizes SVRIS designees associated with your location to enter medical certifications of Wisconsin death records **provided by you** into SVRIS on your behalf. Your name will appear on certified copies of Wisconsin death records for medical certifications provided by you and entered by the SVRIS designee.

The authorizing signature below applies to all SVRIS physician designees for your location. Authorization terminates at termination of employment by your location. You may terminate your authorization at any time by notifying the State Vital Records Office at DHSSVRISAdmin@wisconsin.gov.

PHYSICIAN SIGNATURE:

By entry of my typed name or signature between the two forward slashes below “/ /”, I indicate that I am the person named and that I adopt this entry as my legal electronic signature.

Physician Signature: /

/ Date Signed: