



**SOUTH CAROLINA VITAL RECORDS AND STATISTICS  
INTEGRATED INFORMATION SYSTEM  
(SCVRSIIS - Birth, Fee, Death, Fetal Death, ITOP, Marriage and Divorce)  
2600 Bull Street, Columbia SC 29201  
USER ID REQUEST FORM  
(All Fields Required)**

Today's Date: \_\_\_\_\_

User Name: \_\_\_\_\_  
(First) (Middle Initial) (Last) (Suffix-Sr, Jr, I, II, III etc)

Please provide **one** form of identification:

DL# (State/#): \_\_\_\_\_  SSN: \_\_\_\_\_

Office Association: \_\_\_\_\_  
(Ex: Richland CHD, Palmetto Health Baptist, Smith Funeral Home, Richland County Coroner/ME, Sandpoint Physician's Clinic, Richland County Probate Judge, Richland County Clerk of Court or DHEC State Office)

Office Address: \_\_\_\_\_  
(#, street name, city, state and zip code – Do not enter PO Box)

Office Telephone Number of User: (      ) \_\_\_\_\_ Ext: \_\_\_\_\_

User's Official Email Address: \_\_\_\_\_

Please check the box that best describes your job functionality:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clerk of Court       | <input type="checkbox"/> Funeral Home Staff       | <input type="checkbox"/> Probate Judge              |
| <input type="checkbox"/> Clerk of Court Staff | <input type="checkbox"/> Hospital Birth Clerk/HIM | <input type="checkbox"/> Probate Judge Staff        |
| <input type="checkbox"/> Coroner              | <input type="checkbox"/> Medical Examiner         | <input type="checkbox"/> Recorder (ITOP)            |
| <input type="checkbox"/> Coroner Chief/Deputy | <input type="checkbox"/> Medical Examiner Staff   | <input type="checkbox"/> Vital Records County Staff |
| <input type="checkbox"/> Coroner Office Staff | <input type="checkbox"/> Physician                | <input type="checkbox"/> Vital Records State Staff  |
| <input type="checkbox"/> Funeral Director     | <input type="checkbox"/> Physician Staff          |   |

Supervisor's Name: \_\_\_\_\_ Tel #: (      ) \_\_\_\_\_  
(Provide only when applicable)

Supervisor's Official Email: \_\_\_\_\_  
(Please print letters and numbers clearly)

Do you want office staff to have the ability to bring up the 'Electronic Signature' page for you?  
 Yes       No

Secondary Email Address: \_\_\_\_\_  
(Please print letters and numbers clearly – provide only when applicable)

Third Email Address: \_\_\_\_\_  
(Please print letters and numbers clearly – provide only when applicable)

Professional License Number: \_\_\_\_\_

Term Length: (if applicable)      Start Date      to      End Date  
MM / DD / YYYY      MM / DD / YYYY

Funeral Director  
Coroner/ME  
Physician Only

Funeral Director  
Coroner/ME Probate Judge  
Clerk of Court Only