



Commonwealth of Massachusetts
Executive Office of Health and Human Services

New User Request & Account Modification
Form for Virtual Gateway Access
(TYPE INFORMATION DIRECTLY INTO FORM)

Vitals Information Processing (VIP)
User Request Form (URF)

- Instructions:**
1. All non-role fields are required.
 2. Fill in form, put an "X" in the column with the requested action.
 3. Save document as YourOrganizationName_MMDDYY.
 4. Email completed form to:
vip-accounts@state.ma.us

PLEASE SUBMIT ONE FORM PER EMAIL

Questions? Call the EOHHS Virtual Gateway Customer Service
PHONE 800-421-0938
TTY 617-847-6578

							VG Role Name: VIP USER																					
							Birth Facility Users	City or Town Users		Funeral Home Users		Board of Health Users	Medical Certifier Users		Medical Examiner Users		Registry of Vital Records and Statistics (RVRS) Users								Check One			
First Name	MI	Last Name	4-Digit PIN* (Personal Identification Number)	MMDD of Birth	Work E-mail Address	Work Phone #	Birth Hospital Group	City/Town Customer Service Group (used for Insurance)	City/Town Clerk Group**	Funeral Home Data Entry	Funeral Home Director Group	Burial Agent Group	Medical Data Entry Group	Medical Certifier Group	Medical Examiner Data Entry Group	Medical Examiner Group	RVRS Customer Service Group (used for Insurance)	RVRS Statistical Group	RVRS Registration	RVRS Amendments	DSE	Set/Reset	RVRS Administration	New User	Modify Existing User	Deactivate Existing User from VIP	Deactivate Existing User from the Virtual Gateway	
Jacqueline		Sullivan	1613	01/29	sullivan@longmeadow.org	413-565-4103																				X	X	

* Select a 4 digit Personal Identification Number (PIN). The user may be asked to provide this number to identify himself/herself when calling Virtual Gateway Customer Service. It must be 4 numbers (0-9) and be something that can be remembered, but not easily guessed. 1234 and 0000 may not be used.

**If a user has City/Town Clerk Group privileges they will have Customer Service Group privileges by default

I HEREBY CERTIFY THAT I AM THE DULY AUTHORIZED ACCESS ADMINISTRATOR FOR MY ORGANIZATION OR AGENCY, AND THAT ALL OF THE INFORMATION I AM PROVIDING TO VIRTUAL GATEWAY OPERATIONS IS ACCURATE AND COMPLETE.

Access Administrator Name	Katherine T. Ingram	Organization Full Name	Town of Longmeadow
Access Administrator Email Address	kingram@longmeadow.org	Organization ID Number	04 6001204
Access Administrator Telephone	413-565-4103	Date	11/15/19