

Cabinet for Health and Family Services (CHFS) Office of Vital Statistics (OVS) Birth Index and Death Index Authorization Form

This form must be completed by any individual outside the cabinet (CHFS) who is requesting access to the KY-Office of Vital Statistics Birth Index or Death Index files via Kentucky Online Gateway (KOG) portal.

Section 1: Request Information

Index Request: <input type="checkbox"/> Birth Index <input type="checkbox"/> Death Index(677 Report)	Role: <input type="checkbox"/> Local Health Department
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Section 2: User Information

Full Name:		Request Date:	
Primary Phone No:	Phone Ext:	Email Address:	
KOG User Name:		Job Title:	
Local Health Department:			
Work Address:			City:
State:	Zip code:	County:	
Signature:			Date:
Check Box To Acknowledge Electronic Signature:			

Section 3: Authorization Signatures

I certify that the job duties of the above User require access to the KY-Office of Vital Statistics Index files as selected, and that the access complies with appropriate use as specified in the Intra-Agency Confidentiality and Information Sharing Agreements.

Supervisor/Mgr. Signature:		Date:
Print/Type Name:		Title:
Check Box To Acknowledge Electronic Signature:		

Director Signature (If Applicable):		Date:
Print/Type Name:		Title:
Check Box To Acknowledge Electronic Signature:		

****OVS signature required for approval for all agencies****

OVS Signature:	Date:
Check Box To Acknowledge Electronic Signature:	

****Office of Administrative and Technology Services (OATS) signature required for final approval****

OATS Signature:	Date:
Check Box To Acknowledge Electronic Signature:	