□ California Electronic Death Registration System (CA-EDRS)

□ California Fetal Death Registration System (CA-FDRS)

Service Request Fax Sheet

Date: _____ County of Death (LRD): _____

LRD Fax: _____ LRD Telephone: _____

Name of Decedent/Fetus: _____ _____ _____
First Middle Last

Date of Death/Event: _____ EDRS/FDRS Record #: _____

Please check all boxes that apply:

□ Unlock record

EDRS

□ PI (Delete embalmer's signature)
□ MI (Delete physician/coroner's signature)
□ CI (Delete coroner's signature)

FDRS

□ PI (Unlocks Personal Information)
□ MH (Unlocks Medical History)
□ PC (Delete physician/coroner's signature)
□ FD (Delete embalmer's signature)

State reason: _____

□ MI Review (For Fetal Death)

□ LR Review (For Fetal Death)

□ Amendment submitted: □ General □ Coroner

□ Issue permit # _____

□ Ship Out/International Disposition or Religious Burial (Expedited Service)

□ Request for Non-Contagious Disease Letter

□ Other _____

_____

Name of Funeral Establishment: _____

Contact Name: _____

Telephone: _____ Fax: _____

Local Registrar Use Only

Staff initials: _____ Date: _____

Remarks: _____