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)  ☐ PI  (Unlocks Personal Information)

☐ MI  (Delete physician/coroner’s signature)  ☐ MH  (Unlocks Medical History)

☐ CI  (Delete coroner’s signature)  ☐ PC  (Delete physician/coroner’s signature)

☐ FD  (Delete embalmer’s signature)

**FDRS**

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: ___________________________________________________________