- □ California Electronic Death Registration System (CA-EDRS)
  - □ California Fetal Death Registration System (CA-FDRS)

## **Service Request Fax Sheet**

			Middle		Last	
Date of Death/Event:			_	EDRS/FDRS Record #:		
Please	check a	ll boxes that apply:				
	Unloc	k record				
<u>EDRS</u>				<u>FDRS</u>		
	PI MI CI	(Delete embalmer's signature) (Delete physician/coroner's signature) (Delete coroner's signature)	ature)		PI MH PC FD	(Unlocks Personal Information) (Unlocks Medical History) (Delete physician/coroner's signature) (Delete embalmer's signature)
State r	eason: _					
	MI Re	view (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 Fune	ral Establishment:				
Contac	ct Name	:				
Telephone:				_ Fax:		
		Local	Registr	ar Use On	ly	
Staff initials:				Date:		
Remar	·ks·					