Service Request Fax Sheet

Date: ________________________________  City of Death: ________________________________
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  FDRS
☐ 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)

State reason: ____________________________________________________________________________

☐ MI Review (For Fetal Death) *Please allow up to 2 hrs. of submission.

☐ LR Review (For Fetal Death) *Please allow up to 2 hrs. of submission.

☐ Issue permit # ________________________________

☐ Religious Burial (Expedited Service)

☐ Request for Non-Contagious Disease Letter *For transit out of the country.  Number of DC Copies: ______

☐ Other ____________________________________________________________________________  __________________________________________

__________________________________________________________  __________________________________________

Name of Funeral Establishment: __________________________________________
Contact Name: __________________________________________
Telephone: ________________________________  Fax: ________________________________

Local Registrar Use Only
Staff initials: ________________________________  Date: ________________________________
Remarks: ____________________________________________________________________________