



Vital Registration

1000 Broadway, Suite 310
Oakland, CA 94607

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

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

- 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) *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: _____