



TRANSACTION REQUEST

Department of Public Health
Vital Statistics Office
Fax (909) 387-4424 or (909) 387-4404

EDRS FDRS
(Please Mark One)

To: Vital Statistics EDRS/FDRS Staff

From: (Name of Contact Person)

Date:

Fax:

(Funeral Home)

E-Mail:

(Callback Phone Number)

I am requesting to:

- Unlock record:
PI Reason: (NOTE: This will delete embalmer signature)
MI Reason: (Note: This will delete physician remote attestation)
CI Reason: (Note: This will delete Medical Examiner (Coroner) signature)
EDRS/FDRS file with multiple permits for split remains. Indicate number of permits to be processed:
EDRS/FDRS amendments for:
Multiple split remains (Fax working copy of death certificate)
Multiple aka's (Fax non-EDRS/FDRS amendment with death certificate)
EDRS/FDRS signature verification request (drop to paper method).
Re-file a permit for a 100% EDRS/FDRS filed death certificate.
Abandon record - State reason:
Other:
Same Day Service (Ship-outs Only)

Name of Decedent:

Date of Death: EDRS/FDRS Record Number:

Office Use Only

Staff Initials: Date:

Remarks: