California Electronic Death Registration System (CA-EDRS)
Fax Sheet

Date: _____ County of Death (LRD): SAN DIEGO

LRD Fax Number: 619 692-5688 LRD Telephone Number: _____

Name of Decedent: _____ _____ _____
First Middle Last

Date of Death: _____ EDRS Record #: _____

Please check all boxes that apply:

- ☐ Unlock record
  - ☐ PI (This will delete the embalmer's signature.)
  - ☐ MI (This will delete the physician and/or coroner's signature.)
  - ☐ CI (This will delete the coroner's signature.)

  State reason: _____
- ☐ MI Review
- ☐ Amendment submitted: ☐ General ☐ Coroner

For multiple dispositions: LRD Use only

- ☐ DC for multiple dispositions submitted for registration — DC Registered _____
  - ☐ Amendment Submitted — Amend Applied _____

- ☐ Abandon record: ☐ DC ☐ Amendment # _____
  State reason: _____
- ☐ Do not issue permit # _____
- ☐ Ship Out/International Disposition or Religious Burial (Expedited Service)
- ☐ CA-EDRS File Drop to Paper
  (Please fax 100% working copy of burial permit and signed drop to paper death certificate with this form.)
- ☐ Request for Non-Contagious Disease
- ☐ Other _____

_____

Name of Funeral Establishment: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Local Registrar Use Only

Staff initials: _____ Date: _____

Remarks: _____