Contra Costa Vital Reg Service Request

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

Date:		Name of Decedent:			
Record #:		Date of Event:/			
Please make selection and fax to 925-313-1127 ALLOW UP TO 2 HRS. FOR PROCESSING.					
UNLOCK					
	Personal Information		Coroner Infor	rmation	
	Physician Medical Information		Funeral Homo	e Information	
For Fetal Only					
	□ MI Review			LR Review	
	Issue Permit #	_			
	Religious Burial (Expedited Service)				
	Request for Transit Letter				
	Other				
Requ	nested by:				
Fune	ral Home:				

Phone: _____ Fax: _____