



EDRS/FDRS COMMUNICATION REQUEST SHEET

Date: _____ Name of decedent: _____

ED/FDRS Record #: _____ Date of death: _____

Please make selection and fax to 925-313-1127.

- UNLOCK P.I. (This will delete Embalmer's attestation)
- UNLOCK M.I. (This will delete Physician's attestation)
- UNLOCK C.I. (This will delete Coroner & Physician attestation)
- ABANDON Record (This permanently deletes record)
- FETAL Review MI submitted (alerts us to check FDRS)
- FETAL Review LR submitted (alerts us to check FDRS)
- Request for Transit (Ship out) Letter
- OTHER:

Requested by: _____

Funeral Home: _____

Phone: _____ Fax: _____

