



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

**Colleen Chawla**, Director  
**Kimi Watkins-Tartt**, Director  
**Nicholas Moss, MD, MPH**, Health Officer

**Vital Registration**  
1100 San Leandro Blvd.  
San Leandro, CA 94577

**John Serrano**, Deputy Registrar  
(510) 267-8074  
FAX: (510) 273-3766

- 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: \_\_\_\_\_