



# HEALTH SYSTEM - Office of Vital Statistics

## TRANSACTION REQUEST

(CA-EDRS Fax Sheet)  
(CA-FDRS Fax Sheet)

225-37<sup>th</sup> Avenue San Mateo, CA 94403 Telephone 650.573.2373 Fax 650.573.2576 <http://www.smcgov.org>

Date:	County of Death (LRD): San Mateo	
LRD Fax Number: 650.573.2576	LRD Telephone Number: 650.573.2373	
Name of Funeral Home/Medical Facility:		
Contact Name at Funeral Home/Medical Facility:		
Telephone Number :	Fax Number:	
Name of Decedent/Fetus:		
(First)	(Middle)	(Last)
Date of Death/Event:	EDRS/FDRS Record #:	

Please check all boxes that apply:

Unlock record

EDRS

- PI (Deletes embalmer's signature)
- MI (Deletes physician and/or coroner's signature)
- CI (Deletes coroner's signature)

FDRS

- PI (Unlocks Personal Information)
- MH (Unlocks Medical History)
- PC (Deletes physician and/or coroner's signature)
- FD (Deletes embalmer's signature)

State reason: \_\_\_\_\_

- MI review for fetal death
- LR review for fetal death
- Amendment submitted:       General                       Coroner
- Issue permit # \_\_\_\_\_
- Request for Non-Contagious Disease Letter
- Other \_\_\_\_\_

Abandon record:

DC # \_\_\_\_\_                       Amendment # \_\_\_\_\_

State reason: \_\_\_\_\_

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Local Registrar Use Only

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_