

**California Electronic Death Registration System (CA-EDRS)
Fax Sheet – Los Angeles/Pasadena/Long Beach**

Date:		County of Death (LRD):	
LRD Fax Number:		LRD Telephone Number:	
Name of Funeral Home:			
Contact Name at Funeral Home:			
Telephone Number:		Fax 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.)

MUST State reason: _____

- MI Review
- Amendment submitted: General Coroner

For multiple dispositions:	<u>LRD Use only</u>
<input type="checkbox"/> DC for multiple dispositions submitted for registration	DC Registered _____
<input type="checkbox"/> Amendment Submitted	Amend Applied _____

- Abandon record: DC Amendment # _____
MUST 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 _____

Local Registrar Use Only

Staff initials: _____ Date: _____

Remarks: _____