



EDRS MODIFICATION REQUEST (EMR)

Use this form to request modification to the Electronic Death Registration System. Under “detail” below, please describe the situation that you believe needs system modifications.

First Name

Last Name

Telephone Number/
Extension

E-mail Address

County

Organization EDRS Project DHS LRD FH ME/C
Med Fac Other

Organization Name _____

Short Summary

Detail

Please email or fax completed form to Dan Sandoval at dsandova@dhs.ca.gov or (916) 440-5211