Service Request Fax Sheet

Date: ___________________________ County of Death (LRD): ___________________________

LRD Fax: ___________________________ LRD Telephone: ___________________________

Name of Decedent/Fetus: ___________________________ First 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)
- [ ] LR Review (For Fetal Death)
- [ ] Amendment submitted: [ ] General [ ] Coroner
- [ ] Issue permit # ___________________________
- [ ] Ship Out/International Disposition or Religious Burial (Expedited Service)
- [ ] Request for Non-Contagious Disease Letter
- [ ] Other: __________________________________________________________

Name of Funeral Establishment: __________________________________________________________

Contact Name: _________________________________________________________________________

Telephone: ___________________________ Fax: ___________________________

Local Registrar Use Only

Staff initials: ___________________________ Date: ___________________________

Remarks: ____________________________________________________________________________