

**California Electronic Death Registration System (CA-EDRS)
 Supplementary Fax Sheet for Multiple Requests
 Los Angeles/ Pasadena/Long Beach Jurisdictions**

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

| <u>Name</u> | <u>DOD</u> | <u>EDRS Record #</u> | | <u>Unlock Record</u> | | |
|-------------|------------|----------------------|--|-----------------------------|-----------------------------|-----------------------------|
| 1. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 2. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 3. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 4. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 5. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 6. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 7. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 8. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 9. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |
| 10. _____ | _____ | _____ | <input type="checkbox"/> MI Rev <input type="checkbox"/> Subm LR | <input type="checkbox"/> PI | <input type="checkbox"/> MI | <input type="checkbox"/> CI |

Local Registrar Use Only

Staff Initials: _____ **Date:** _____

Remarks: _____