

**STANISLAUS COUNTY
VITAL RECORDS**

EDRS MODIFICATION REQUEST FORM

Fax: (209) 558-8078/Email: HSAVitalRecords@schsa.org

FUNERAL HOME: _____

CONTACT PERSON: _____ PHONE # _____

DECEDENT'S NAME: _____

EDRS RECORD NUMBER: _____/LRN _____ If Available

DATE OF DEATH: _____

Reason for Modification: Please check all boxes that apply:

- MI (Medical Information) Review
- Physician Attestation Review
- Abandon Record

Reason:

_____ Initials _____

- Unlock Record
 - PI
 - PC
 - CI
 - FD
- Request for Non- Contagious Letter (Transit Letter)
- Request for Certified Copies: # of copies: _____
Issue Permit #: _____
- Other - Please specify below:

LR PROCESSING TIME: 3-4 HOURS

