

**STANISLAUS COUNTY
VITAL RECORDS**

EDRS MODIFICATION REQUEST FORM

FAX TO: (209) 558-8078

FUNERAL HOME: _____

CONTACT PERSON: _____ PHONE # _____

DECEDENT'S NAME: _____

EDRS RECORD NUMBER: _____

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
 - MI
 - PI
- Request for Non- Contagious Letter (Transit Letter)
- Request for Certified Copies: # of copies: _____
LRN (Local Registration No.) - last four digits: _____
- Issue Permit #: _____
- Other - Please specify below:

LR PROCESSING TIME: 3-4 HOURS

