

CA-EDRS Fax Sheet

*Today's Date: ____/____/____

Ventura County Public Health 2240 E. Gonzales Rd. Suite 150 Oxnard, Ca. 93036

Fax Number: (805) 981-5149 death.desk9815149@ventura.org

EDRS hours 9am-12pm & 1:30pm-4pm (normal business hours)

*Date of Death: ____/____/____

*EDRS or FDRS Record #: _____

*Decedents First Name	*Middle Name	*Last Name
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<p style="text-align: center;">To UNLOCK Death Certificate</p> <p><u>Please DO NOT send Faxsheet for MI or SUBM LR review</u></p> <p>Make selection to unlock death certificate:</p> <p><input type="checkbox"/> PI</p> <p><input type="checkbox"/> MI</p> <p><input type="checkbox"/> CI - for ME use ONLY</p> <p>State reason: _____</p>	<p style="text-align: center;">To Unlock Fetal Certificate</p> <p>Make selection to unlock fetal death certificate:</p> <p><input type="checkbox"/> PI <input type="checkbox"/> CI - for ME use ONLY</p> <p><input type="checkbox"/> MI <input type="checkbox"/> FHI</p> <p><input type="checkbox"/> PMI</p> <p>State reason: _____</p> <p><input type="checkbox"/> Fetal Death Sub for Review (submit copy of Fetal Death Worksheet along with this form)</p> <p><input type="checkbox"/> Fetal Death Sub for Registration</p>
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Was decedent under hospice care? Yes

If not under hospice, refer case to ME/Coroner, you will need ME/Coroner's clearance number.
Wait for ME/Coroner to complete investigation, if no number is assigned enter "NONE"

Please allow 2 hrs to process your request

- Refile Permit Fax File Attached For review only - Walk-In Re-File
- Request for non-contagious disease letter, **Record must be State Registered**
- Ship Out/International Disposition Ship-Out Hrs 9-11:30am & 1-3:00pm. **Record must be state registered.**
- Filing over 8 days from date of death, **must submit written documentation.** Explain reason for late filing below. Per H&S Code Sec 103070 a body may not be held more than 8 days without a permit to do so.

- Other _____

* **Name of Funeral Establishment:** _____

* **Contact Name:** _____ **Email address:** _____

* **Telephone Number:** _____ **Fax Number:** _____

* Denotes required fields. Please assure that these fields are completed prior to faxing.