

**California – Fetal Death Registration System
Account Change Modification Request
Participation Agreement Attachment**

Do Not Use To Establish A New Account

Date:	
CA-FDRS User Name:	
User's Full Name:	
User's Organization:	

Action Requested: (check all that apply)

Delete User _____	Update User Info _____
Inactivate User _____	Change Access Level _____
Reactivate User _____	
Change User's Location Within Same Organization (Relocate) _____	
PARENT/ CHILD RELATIONSHIPS - Funeral Homes that are part of a network or group of facilities that want to have access to view and/or edit all Death Certificates within the organization. List the facilities to be linked below.	

Reason for change or list facilities to be linked:

Requester's Name, Title, Organization and Local Registration District:

Requester's Signature and Phone Number:

Sign _____ Date _____

Request Completed by:

Sign _____ Date _____

All changes will occur in the CA-FDRS Training and Production environments.
Please FAX this completed document to the CA-FDRS Desk @ **916-323-2299**.
For QUESTIONS about this document, please call:
CA-EFDRS APPLICATION SUPPORT DESK @ 916-552-8123