

CA-FDRS MODIFICATION REQUEST (FMR)

Use this form to request modification to the Fetal Death Registration system.
Under “detail” below, please describe the situation that you believe needs system
modifications.

Requester’s Name

Telephone Number

E-mail Address

Organization CA-FDRS Project CDPH LRD FH ME/C MF Other

Organization/
County Name

Short Summary of
the Suggestion

Detailed
Description

*Fax the completed form to the CA-EFDRS help desk at **(916) 323-2299**.