



### EDRS MODIFICATION REQUEST (EMR)

Use this form to request modification to the Electronic 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-EDRS Project  CDPH  LRD  FH   
 ME/C  Med Fac  Other

Organization/  
County Name

Short Summary  
Of The  
Suggestion

Detailed Description

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