



Health, Housing & Community Services Department
 Public Health Officer Unit
Office of Vital Statistics
 1947 Center Street, 2nd Floor Berkeley, CA 94704
 (510) 981-5320

**REQUEST TO
 UNLOCK RECORD**
FAX TO (510) 981-5395

1 RECORD INFORMATION

Name of Decedent – First		Middle		Last	
Date of Death (MM/DD/YYYY)	Sex	City of Death Berkeley	EDRS RECORD #		FDRS RECORD #

2 ACTION REQUESTED (Please check all options that apply)

- Unlock Record:
 - Personal information Section** (Note: This will DELETE EMBALMER’s Signature.)
 - Physician Medical Information Section** (Note: This will DELETE PHYSICIAN’S remote attestation.)
 - Coroner Information Section** (Note: This will DELETE MEDICAL EXAMINER’s Signature.)
 - Funeral Home Information Section** (Note: This will DELETE THE EMBALMER’s Signature.)

STATE REASON FOR UNLOCKING: _____

- Review MI
- Permit:
 - Issue permit # _____
 - Do not issue permit # _____
- Abandon Record:
 - Death Certificate
 - Amendment # _____
- Amendment Submitted:
 - General
 - Coroner
- Ship Out / International Disposition / Religious Burial
- Request for Non-Contagious Disease Letter
- Other: _____

3 REQUESTOR’S INFORMATION

Today’s Date	Name of Funeral Home/Hospital/Coroner	Contact Person (Requestor)
Email		Telephone #

For Berkeley Vital Statistics Use Only		
Notes:	Employee Initials	Date processed