



Health, Housing & Community Services Department
Public Health Division

Vital Statistics Unit
1947 Center Street, 2nd Floor
Berkeley, CA 94704

**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:
 - PI - Personal information (Note: This will DELETE EMBALMER's Signature)
 - MI - Medical information (Note: This will DELETE PHYSICIAN'S remote attestation)
 - CI - Coroner Information (Note: This will DELETE MEDICAL EXAMINER'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	Telephone # ()	Contact Person (Requestor)
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For Berkeley Vital Statistics Use Only		
Notes:	Employee Initials	Date processed