REQUEST FOR MEDICAL EXAMINERS REPORT

OCME CASE#: __________________ DATE REQUEST RECEIVED: ____________

To request a copy of Medical Examiner Report, please complete both Section I and Section II. Then return this and the proper fee to:

Information Desk
Office of the Chief Medical Examiner
900 West Baltimore Street
Baltimore, Maryland 21223

Fee of $25.00 for first-degree family members, others $100.00. Please make check or money order payable to: DHMH-OCME

Section I

♦ Name of deceased: ____________________________

♦ Date of death: ____________________________

Section II

♦ Relationship to Deceased: ____________________________

♦ Requestor: ____________________________

♦ Address: ____________________________

♦ City: ____________________________ State: ____________________________ Zip Code: ____________________________

♦ Telephone number during the day: ____________________________

♦ Signature of Requestor: ____________________________

OCME SECTION

Report to be mailed: _____Yes ________No

Report picked up: (date) ____________________________

Signature: ____________________________

If you have any questions, please contact the Office at (410) 333-3250 between the hours of 8AM and 5PM. Thank You.