



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

## 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

No fee for first-degree family members, others \$50.00. Please make check or money order payable to: MDH-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) 333-3237 between the hours of 8:00 AM and 4:30 PM