



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

**Fee of \$25.00 for first-degree family members, others \$100.00. 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