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 inquiries, please contact us at (410) 333-3237 between the hours of 8:00 AM – 5:00 PM.