

REQUEST FOR VITAL STATISTICS DATA

To request Vital Statistics data, please complete this form and return it to VSA using one of the following methods:

E-mail: <u>monique.wilson@maryland.gov</u>

Fax: 410-358-4750

Mail:Maryland Department of Health
Vital Statistics Administration
4201 Patterson Avenue, 5th Floor
Baltimore, Maryland 21215

Requestor's Information	
Name:	
Title:	
Organization:	
Address:	
Phone:	_ E-mail:
Fax:	Date of Request:
Name and phone number of person to contac	t for further information (if different from above):

Type(s) of data requested: (Check all that apply)	
Population Birth* Death* Marriage Divorce	
*Indicate type of data requested below	
Type of birth and/or death data requested: (Check One Response)	
Resident data (Includes all births and deaths among Maryland residents regardless of place of occurrence)	
Resident-recorded data (Includes births and deaths occurring within Maryland to residents of the state. Does not include births and deaths among Maryland residents occurring in other states or in the District of Columbia)	
Maryland recorded data (Includes all events occurring in Maryland, regardless of place of residence	
Out-of-state data (Includes Maryland resident births and deaths occurring outside Maryland)	
Area(s) of Maryland for which data are requested:	
Year(s) of data requested:	

Description of Data	
Please provide a <u>detailed</u> description of the data you are requesting and the purpose for which it will be used.	
will be used.	
After the first 2 hours, the fee for data preparation is \$75 per hour. There may be additional charges for clerical time, supplies, postage and photocopy expenses.	
Questions may be directed to Dr. Monique Wilson at <u>monique.wilson@maryland.gov</u>	