



VITAL STATISTICS ADMINISTRATION

4201 Patterson Avenue, 5th Floor • Baltimore, Maryland 21215

REQUEST FOR NON-CONFIDENTIAL VITAL STATISTICS DATA

This form should not be used to request birth, death, marriage or divorce certificates.

Thank you for your interest in obtaining non-confidential vital statistics data from the Maryland Department of Health (MDH), Vital Statistics Administration (VSA). Release of non-confidential birth, death, fetal death, marriage or divorce data requires the approval of the VSA Director and the MDH Strategic Data Initiative (SDI) Team.

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

E-mail: mdh.vsadatarequests@maryland.gov

Fax: 410-358-4750

Name: _____

Title/Organization Affiliation: _____

Organization: _____

Address: _____

Phone: _____

E-mail: _____

Fax: _____

Date of Request: _____

Name and phone number of person to contact for further information (if different from above):

Type(s) of data requested: (Choose all that apply)

Population

Birth

Death

Marriage

Divorce

Type of birth and/or death data requested: (Choose 1 Response) _____

1. **Resident data** (Includes all births and deaths among Maryland residents regardless of place of occurrence)
2. **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)
3. **Maryland recorded data** (Includes all events occurring in Maryland, regardless of place of residence)
4. **Out-of-state data** (Includes Maryland resident births and deaths occurring outside Maryland)

Area(s) of Maryland for data being requested:

Year(s)* of data requested:

*Please check our website for the most recent year of data available: <https://health.maryland.gov/vsa/Pages/reports.aspx>

Description of Data Being Requested

Please provide a **detailed** description of the data you are requesting and the **purpose(s)** for which it will be used.

Format of data (Choose 1 option):

Spreadsheet

PDF

Text

Delimited File

HTML

Other (Specify): _____

If you are **not an employee of a Maryland health department** and you are requesting **individual level data or any identifying information (i.e., names, addresses, social security numbers)** you must complete the **“Request for Confidential Vital Statistics Data.”** Requesters may also be required to obtain approval from the Maryland Department of Health (MDH) Institutional Review Board (IRB) before obtaining data. Further information about the **“Request for Confidential Vital Statistics Data”** and filing an application with the Institutional Review Board is available on the Vital Statistics Administration website at:

<https://health.maryland.gov/vsa/Pages/data.aspx>
(Request for Confidential Vital Statistics Data)

Fees: An estimate of the fees associated with your request will be provided to you for approval before work begins. A fee schedule is available on the VSA Data Requests [webpage](#).

Questions may be directed to Dr. Monique Wilson, VSA Director, at monique.wilson@maryland.gov