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**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.**

**To request Vital Statistics data, please complete this form and return it to VSA, to the attention of Dr. Monique Wilson, using one of the following methods:**

**E-mail:** [**monique.wilson@maryland.gov**](mailto:monique.wilson@maryland.gov)

**Fax: 410-358-4750**

**Mail: Maryland Department of Health**

**Vital Statistics Administration**

**4201 Patterson Avenue, 5th Floor**

**Baltimore, Maryland 21215**

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**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):**

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**Type(s) of data requested: (Circle 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)

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**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 requesting individual level data or any identifying information (i.e., names, addresses,**

**social security numbers) and you are not an employee of a state agency, you must complete the**

**“Vital Statistics Confidential Application Packet” as well as obtain approval from the Institutional Review Board of the Maryland Department of Health before obtaining data. Further information**

**about the “Vital Statistics Confidential Application Packet” 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*](https://health.maryland.gov/vsa/Pages/data.aspx)

*(Vital Statistics Confidential Application Package)*

**Fee***:* There is **no charge for the first 2 hours** of data analyst time spent on a data request.

**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 [monique.wilson@maryland.gov](mailto:monique.wilson@maryland.gov)