



REQUEST FOR VITAL STATISTICS DATA

*To request Vital Statistics data, please complete this form and return to:
Maryland Department of Health and Mental Hygiene*

Vital Statistics Administration

4201 Patterson Avenue

Baltimore, Maryland 21215

Phone: 410/764-3514 FAX: 410/358-4750 Email: sommersh@dhhm.state.md.us

Name: _____

Title: _____

Organization: _____

Address: _____

_____ **Phone**

number: _____ **FAX number:** _____ **Date**

of request: _____ **E-Mail:** _____

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

Type(s) of data requested: *(circle all that apply)*

1. Population

2. Birth

3. Death

4. Marriage

5. Divorce

Area(s) of Maryland for which data are requested: _____

