



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

Metro Executive Center

4201 Patterson Avenue

Baltimore, Maryland 21215

Phone: 410/764-3514 FAX: 410/358-4750 Email: sommersh@dhmh.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: _____

Year(s) of data requested:

Type of birth and/or death data requested:

