



State of Maryland
Office of the Chief Medical Examiner
900 West Baltimore Street
Baltimore, Maryland 21223

REQUEST FOR MEDICAL EXAMINERS REPORT

OCME CASE#: _____ **DATE REQUEST RECEIVED:** _____

To request a copy of Medical Examiner Report, please complete both Section I and Section II, Then return this and the proper fee to:

Information Desk
Office of the Chief Medical Examiner
900 West Baltimore Street
Baltimore, Maryland 21223

Fee of \$25.00 for first-degree family members, others \$100.00. Please make check or money order payable to: DHMH-OCME

Section I

◆ Name of deceased: _____

◆ Date of death: _____

Section II

◆ Relationship to Deceased: _____

◆ Requestor: _____

◆ Address: _____

◆ City: _____ State: _____ Zip Code: _____

◆ Telephone number during the day: _____

◆ Signature of Requestor: _____

OCME SECTION

Report to be mailed: _____ Yes _____ No

Report picked up: (date) _____

Signature: _____

If you have any questions, please contact the Office at (410) 333-3250 between the hours of 8AM and 5PM. Thank You.