

**Maryland Violent Death Reporting System (MVDRS)  
Data Request Form**

Please respond to the following as completely as possible – attach additional pages if necessary.

Date of Request: \_\_\_\_\_

Date Data needed by: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Data Requested (please be specific- circumstances you are interested in, groups of data, data breakdowns desired, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Request (please be specific; how the data will be used, for a report, research in what area, grant work, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send your completed request to:  
Center Chief  
Maryland Violent Death Reporting System  
Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, 4<sup>th</sup> Floor  
Baltimore, MD 21201

Email: [dhmh.envhealth@maryland.gov](mailto:dhmh.envhealth@maryland.gov)  
Requests will be acknowledged within 3-5 business days of receipt.