



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:** Richard Lofgren

◆ **Date of death:** September 14, 2003.

Section II


◆ **Relationship to Deceased:** Maryland Public Information Act Request

◆ **Requestor:** Katie Ryan

◆ **Address:** MuckRock News DEPT MR129363, 263 Huntington Ave

◆ **City:** Boston **State:** MA **Zip Code:** 02115

◆ **Telephone number during the day:** 617-299-1832

◆ **Signature of Requestor:**  For Katie Ryan

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.