



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:** Carl Johnson \_\_\_\_\_

◆ **Date of death:** May 27, 2010. \_\_\_\_\_

### Section II

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

◆ **Requestor:** Katie Ryan \_\_\_\_\_

◆ **Address:** MuckRock News DEPT MR129376, 263 Huntington Ave \_\_\_\_\_

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

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

◆ **Signature of Requestor:** Raj 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.