

This request is submitted under the North Carolina Public Records Law, G.S. §132-1.

Data I	Request	Form
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Contact Information (optional but please include a way to transmit information to the requester)

Name of Requestor:

Title/Position:

Agency/Organization/Affiliation:

Telephone Number:

Fax Number:

Email Address:

City:

State:

Zip Code:

Data Requested		
Timeframe/Year(s) Requested:		



Fields Requested Please list any specific fields requested (for example: age, gender, manner of death, date of death, county of death, county of residence). File Type & Format Requested CD Other SAS If "other," please specify below. xls Secure FTP Comments Please provide any additional information that may assist us in fulfilling your request (optional).

FOR OCME USE ONLY

		Referred	If the OCME is unable to provide data in response to this request, please select the "referred" option and assist the requestor in finding an appropriate data source, if possible.	
		Pending		
Date Request Fulfilled:				
Comments				
Name of Reviewer:				

Once you have completed this form, please email it to <u>ocme.data.request@dhhs.nc.gov</u>.