



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

<input type="checkbox"/> CD	<input type="checkbox"/> Other
<input type="checkbox"/> SAS	If "other," please specify below.
<input type="checkbox"/> xls	
<input type="checkbox"/> Secure FTP	

Comments

Please provide any additional information that may assist us in fulfilling your request (optional).

FOR OCME USE ONLY

	<input type="checkbox"/> 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.
	<input type="checkbox"/> Pending	

Date Request Fulfilled:

Comments

Name of Reviewer:

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