

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE

DEPUTY SECRETARY FOR OPERATIONS - VITAL STATISTICS ADMINISTRATION - DIVISION OF VITAL RECORDS

Item No.	Record Series Description	Retention
1.	<p><b>This Schedule supersedes Schedules 222 and 230.</b> ***** All DHMH-Division of Vital Record Information is to be maintained, released, and shared in accordance with the Maryland Privacy Act and other applicable statutes and regulations.</p> <p><u>Birth Certificates</u> Original hard copies are maintained at DVR from 1925 to present. Microfilm copies are also maintained at DVR.</p> <p>Prior to 1925, Hard copies are at Maryland State Archives, see Item 2-Index to Birth Certificates</p> <p>Birth files after 1942 are also maintained electronically.</p>	<p>Retain original hard copies permanently. Send to Archives periodically.</p> <p>Periodically send microfilm copies and copies of electronic files to Archives.</p>
2.	<p><u>Index to Birth Certificates</u></p> <p><u>All MD Counties(not Baltimore City)</u> 1898- 1919 In 18 book volumes 1920- 1972 On index cards + microfilm 1973-Present book volumes.</p> <p><u>Baltimore City</u> 1875- 1917 On microfilm 1918- 1973 On index cards + microfilm 1973-Present book volumes.</p> <p>Indexes for all certificates from 1922 to present are also maintained electronically.</p>	<p>Retain book volumes, index cards, and microfilm permanently. Send to Archives periodically.</p> <p>Retain book volumes, index cards, microfilm permanently. Send to Archives periodically.</p> <p>Send electronic file index to Archives periodically.</p>
3.	<p><u>Delayed Birth Certificates</u> Original hard copies of Delayed Birth Certificates, including applications and evidence used to create them, from 1875 for Baltimore City, 1898 for all other Counties, to present, are maintained at DVR. Microfilm copies of delayed birth certificates, applications, and evidence are also maintained.</p>	<p>Retain original hard copies, and microfilm copies of delayed birth certificates, applications, and evidence permanently. Send to archives periodically.</p>

APPROVED BY: (Agency Official)

DATE:

*January 30, 2001*

SIGNATURE

*Geneva S. Sparks*

NAME/TITLE: Geneva Sparks, State Registrar

AUTHORIZED BY: (State Archivist)

DATE:

FEB 13 2001

SIGNATURE:

*Edward C. Papenfuse, Jr.*

NAME/TITLE: Edward C. Papenfuse, Jr., State Archivist

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 2 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
Deputy Secretary for Operations - Vital Statistics Administration - Division of Vital Records

Item No.	Record Series Description	Retention
4.	<p><u>Death Certificates</u> Original hard copies of death certificates are maintained at DVR.</p> <p>A microfilm copy of all death certificates from 1911 to present for all Maryland counties, and from 1875 to present for Baltimore City, is maintained at DVR.</p> <p>Last page of Death Certificate is the Burial Permit, See Item #11.</p>	<p>Retain original hard copies of death certificates permanently. Send to Archives periodically.</p> <p>Also send microfilm of death certificates to archives periodically.</p>
5.	<p><u>Index to Death Certificates</u> A card index of death certificates is maintained from 1969 to 1972 for all counties, and from 1951 to present for Baltimore City. Book Volumes are maintained after 1973 for Counties and Baltimore City.</p> <p>Electronic File are also maintained.</p>	<p>Retain original index cards, and volumes permanently. Send to Archives periodically.</p> <p>Send electronic files To Archives periodically.</p>
6.	<p><u>Fetal Death Certificates</u> Fetal deaths hard and microfilm copies are maintained for Baltimore City &amp; Counties at DVR.</p> <p>Electronic Index File also maintained.</p>	<p>Retain original hardcopy and microfilm copies of fetal death certificates permanently. Send to Archives periodically.</p> <p>Periodically send electronic files to Archives.</p>
7.	<p><u>Marriage Certificates</u> DVR maintains hard and microfilm copies of certificates for all marriages occurring in Maryland from June 1951 to present.</p>	<p>Retain original hard and microfilm copies permanently. Send to Archives periodically.</p>

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 3 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE

Deputy Secretary for Operations - Vital Statistics Administration - Division of Vital Records

Item No.	Record Series Description	Retention
8.	<p><u>Index of Marriage Records</u> Index is maintained in book volumes from 1951 to present.</p> <p>Electronic Index File also maintained.</p>	<p>Retain original index volumes permanently.</p> <p>Send Index volumes, electronic files to Archives periodically.</p>
9.	<p><u>Divorce/Annulment Forms</u> DVR maintains microfilm copies of divorce and annulment forms processed in Maryland from July, 1961 to present. Original hard copies of divorce and annulment are maintained at DVR.</p> <p>Card index of Divorce/Annulment information available from July 1961-1972. Book volumes for 1973 to present.</p>	<p>Retain hard and microfilm copies permanently. Send to State Archives periodically.</p> <p>Also send copy of card index, book volumes to Archives periodically.</p>
10.	<p><u>Affidavit of Parentage</u> Since 10/1995, this form has been prepared when parents of a child are not married at child's birth. Microfilm copies are also maintained.</p>	<p>Retain hard and microfilm copies permanently. Send to Archives periodically.</p>
11.	<p><u>Burial Permits</u> This Permit is the last page of the Death Certificate, and serves as a permit to transport a body for final disposition.</p>	<p>Retain permanently. Send to Archives periodically.</p>

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 4 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE

DEPUTY SECRETARY FOR OPERATIONS- VITAL STATISTICS ADMINISTRATION - DIVISION OF VITAL RECORDS

Item No.	Record Series Description	Retention
12.	<p><u>Certificates Under Seal</u></p> <ul style="list-style-type: none"> <li>■ Certificate of Adoption</li> <li>■ Report of Legitimation / Affidavit of Natural Father</li> <li>■ Affidavit of Natural Parents</li> <li>■ Affidavit of Adjudication of Paternity</li> <li>■ Other Certificates</li> </ul> <p>Original hard copy of Birth certificate, with relevant certificate(s) under seal, and any related documentation, are maintained by DVR, and microfilmed.</p>	<p>Retain original hard copies of Birth certificates, certificates under seal, and related documentation permanently. Send to Archives periodically.</p> <p>Microfilm is retained at DVR permanently.</p>
13.	<p><u>DVR Administrative Forms</u></p> <ul style="list-style-type: none"> <li>■ Request for Correction/Amendment to Death Certificate</li> <li>■ Request for Correction/Amendment to Fetal Death Certificate</li> <li>■ Supplemental Report of Cause of Death</li> <li>■ Affidavit to Correct Or Add Given Name to Certificate of Birth</li> <li>■ Affidavit to Change the Name on a Certificate of Birth within Twelve Months of Birth</li> <li>■ Other Administrative forms</li> </ul> <p>Notarized and/or signed forms are maintained at DVR.</p>	<p>Maintain forms at DVR until microfilming has been verified, then destroy.</p> <p>Retain microfilm copy permanently. Send to Archives periodically.</p>
14.	<p><u>Applications for Certificates</u></p> <p>The following are either over-the-counter or mail-in applications:</p> <ul style="list-style-type: none"> <li>■ Application for Copy/Abstract of Birth Certificate</li> <li>■ Application for a copy of a Death Certificate</li> <li>■ Application for a Copy of a Marriage Certificate</li> </ul>	<p>Retain for three (3) years and until all audit requirements are fulfilled, then destroy. Maintained at DVR for 6 months then transfer to State Records Center.</p>
15	<p><u>Administrative Correspondence</u></p> <p>Hard copies of incoming and outgoing letters, faxes, and other memos concerning functions of DVR.</p>	<p>Set up new folders annually, dispose of non-record material which is no longer needed. Retain for three more years either in office or at records center, then destroy.</p> <p>Information which shows the development of the Division or Department, its policies or accomplishments should be transferred to the DVR History file (Item 17) for permanent retention, and eventual transfer to the Archives.</p>

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 5 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE

DEPUTY SECRETARY FOR OPERATIONS- VITAL STATISTICS ADMINISTRATION - DIVISION OF VITAL RECORD

Item No.	Record Series Description	Retention
16.	<p><u>Accounting Records</u></p> <p><u>A. General/Misc Accounting Records</u></p> <p>i. <u>Daily Fiscal Reports</u> (Cashier Settlement Report, Bank Deposit Slips, Mail Receipt Reconciliation, Vital check Receipt Report, etc)</p> <p>ii. <u>County Transmittals</u> (Receipt Copies, Check stubs, Bank Deposit Slips, etc)</p> <p>iii. <u>Federal Enumeration Records</u> (Data Processing Reports, Index of Individual Records Produced, Invoice/Receipt Copies, Check stubs, Bank Deposit slips. etc)</p> <p>iv. <u>Inter-agency Certificate Documentation</u> (Invoices/receipt copies, check stubs, bank deposit slips, transmittals, etc)</p> <p>v. <u>Petty Cash Reimbursement Sheets</u></p> <p>vi. <u>Petty Cash Reconciliation Sheets</u></p> <p>vii. <u>Security Paper Issuance Log</u></p> <p>viii. <u>Voided Security Paper</u></p> <p>ix. <u>Refund Documentation</u></p> <p>x. <u>Requisitions and Purchase orders</u></p> <p>xi. <u>Paid bills and invoices</u></p> <p>xii. <u>Receiving Reports</u></p> <p>xiii. <u>DAFRT 100/200 Monthly Report</u></p> <p>xiv. <u>Log of Under \$500 Purchases, Phone Bills</u></p> <p>xv. <u>Log of Issuance of Blank Birth/Death Certificates</u></p> <p>xvi. <u>Affidavit of Parenting -invoices and related documentation</u></p> <p>xvii. <u>Other miscellaneous accounting records</u></p> <p><u>B. Budget and Management Records</u></p> <p>Budget estimates, papers, and worksheets; Inventories of materials and supplies, Reports of Fixed Assets, Reports of Materials and Supplies, and other related documentation</p> <p><u>C. Purchasing Records</u></p> <p>Copies of contracts including notices of award, bids, modifications, etc. Supply requisitions, shipping documents, receiving documents, and other purchasing records.</p>	<p>Retain for three (3) years, and until all audit requirements are fulfilled, then destroy.</p> <p>Retain for three years and until all audit requirements are fulfilled, then destroy.</p> <p>Retain for five years and until all audit requirements are fulfilled, then destroy.</p>

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION

SCHEDULE  
NUMBER 2103

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 6 OF 6

DEPARTMENT OF HEALTH & MENTAL HYGIENE

DEPUTY SECRETARY FOR OPERATIONS- VITAL STATISTICS ADMINISTRATION - DIVISION OF VITAL RECORDS

Item No.	Record Series Description	Retention
17.	<p><u>DVR History File</u> One copy of all DVR publications, studies, policy documentation, reports, etc. DVR awards, photos, certificates, newspaper clippings, and other publicity. Items screened from correspondence and other administrative records which show the development of the Division or Department.</p>	Retain permanently. Send to Archives periodically.

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY  
  
PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**  
2. Office/Administration/Division: **Vital Statistics**  
3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **#1 Birth Certificates**  
5. Earliest Year/Latest Year: \_\_\_\_\_ to \_\_\_\_\_

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
**Original hard copies are maintained from 1925 to present.  
Micro film copies are also maintained**

7. Record Series Format(s)  
 Letter Size     Microfilm  
 Legal Size     Computer Tape  
 Bound Book     Floppy Disk  
 Audio Tape     Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume  
Number \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)

10. Annual Accumulation  
Number \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)

11. File is Used  
 Daily     Weekly     Monthly

12. File Becomes Inactive After  
Number \_\_\_\_\_  
 Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere?  
(If yes, specify agency or office)  
 Yes     No

15. Access Restrictions     Yes     No  
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  
 None     State     Federal     Independent

17. Is an Index System used?  
(If yes, explain briefly and describe any hardware/software requirements)  
 Yes     No

18. Recommended Retention  
**Retain permanently. send to Archives periodically.**

Name and Title of Preparer: **George M. Baker III  
Business Manager**  
20. Room Number: \_\_\_\_\_  
Telephone Number: **(410) 764-3196**  
21. Date: **9/28/00**

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY  
 PAGE \_\_\_ OF \_\_\_

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE  
 2. Office/Administration/Division: Vital Statistics  
 3. Unit or Section: Division of Vital Records

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: # 2 Index to Birth Certificates  
 5. Earliest Year/Latest Year: \_\_\_ to \_\_\_

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
 All MD Counties (not Baltimore City)  
 1898-1919 18 volumes  
 1920-present index cards + micro film  
 Balto. City  
 1875-1917 micro film  
 198 - present Index cards + micro film

7. Record Series Format(s):  
 Letter Size  Microfilm  
 Legal Size  Computer Tape  
 Bound Book  Floppy Disk  
 Audio Tape  Video Tape  
 Other (specify) Index Cards

8. Record Series Sequence:  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume:  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)  
 Number \_\_\_\_\_

10. Annual Accumulation:  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)  
 Number \_\_\_\_\_

11. File is Used:  Daily  Weekly  Monthly  
 12. File Becomes Inactive After: \_\_\_\_\_  
 Month(s)  Year(s)

13. Current Location(s) (Bldg., Floor, Room): \_\_\_\_\_  
 14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)  
 Yes  No

15. Access Restrictions  Yes  No  
 (If Yes, cite Law(s) & Regulation(s))  
 16. Audit Requirements  
 None  State  Federal  Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)  
 Yes  No  
 18. Recommended Retention  
 Retain permanently send to Archives periodically.

19. Name and Title of Preparer: George M. Baker III, Business Manager  
 20. Room Number: \_\_\_\_\_ Telephone Number (410) 764-3196  
 21. Date: 9/28/00



DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administrator/Division

Vital Statistics

3. Unit or Section

Division of Vital Records

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

#3 Delayed Birth Certificates

5. Earliest Year/Latest Year

\_\_\_ to \_\_\_

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Original hard Copies (Including applications and evidence) maintained at DUR from 1898 to present.  
Micro Film Copies are also maintained.

7. Record Series Format(s)

- Letter Size
- Legal Size
- Bound Book
- Audio Tape
- Other (specify) \_\_\_\_\_
- Microfilm
- Computer Tape
- Floppy Disk
- Video Tape

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) \_\_\_\_\_

9. Volume

- File Drawer(s)
  - Microfilm Reel(s)
  - Computer Tape(s)
  - Other (specify) \_\_\_\_\_
- Number \_\_\_\_\_

10. Annual Accumulation

- File Drawer(s)
  - Microfilm Reel(s)
  - Computer Tape(s)
  - Other (specify) \_\_\_\_\_
- Number \_\_\_\_\_

11. File is Used

- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- Number \_\_\_\_\_
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere?

- (If yes, specify agency or office)
- Yes
  - No

15. Access Restrictions  Yes  No

(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

Retain permanently. Send To Archives periodically.

Name and Title of Preparer

George M. Baker III  
Business Manager

20. Room Number \_\_\_\_\_

Telephone Number (410) 764-3196

21. Date

9/28/00

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY  
 PAGE \_\_\_ OF \_\_\_

1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	2. Office/Administration/Division <i>Vital Statistics</i>	3. Unit or Section <i>Division of Vital Records</i>
--	--	--

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title <i>#4 Death Certificates</i>	5. Earliest Year/Latest Year ___ to ___
--	--

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
*Original hard copy of death maintained at DUR for Ten (10) years.  
 All Maryland Counties - micro film copies 1969 to present.  
 Baltimore City - " " 1951 " "*

7. Record Series Format(s) <input type="checkbox"/> Letter Size <input checked="" type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number _____
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) Number _____

11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____
--	--

13. Current Location(s) (Bldg., Floor, Room)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent
---	--

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Recommended Retention <i>Hard Copies maintained at DUR for Ten (10) years, then sent to Archives for permanent storage.      Micro film sent to Archives periodically</i>
---	--

19. Name and Title of Preparer <i>George M. Baker III Business Manager</i>	20. Room Number _____ Telephone Number <i>(410) 764-3196</i>	21. Date <i>9/28/00</i>
---	---	----------------------------

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	2. Office/Administration/Division <i>Vital Statistics</i>	3. Unit or Section <i>Division of Vital Records</i>
--	--	--

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

1. Record Series Title <i>#5 Index To Death Certificates</i>	5. Earliest Year/Latest Year ___ to ___
---	--

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
*A card index of death certificates is maintained from 1969 to 1972 for all counties, and from 1950 to present for Baltimore City. Volumes 1973 to present city index on volumes.*

7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <i>Card Index</i>	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
		10. Annual Accumulation Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)

11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)
--	---

13. Current Location(s) (Bldg., Floor, Room)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent
---	--

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Recommended Retention <i>Retain permanently. Send to Archives periodically.</i>
---	--

Name and Title of Preparer <i>George M. Baker III Business Manager</i>	20. Room Number _____ Telephone Number <i>(410) 764-3196</i>	21. Date <i>9/28/00</i>
---	---	----------------------------

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
STATE RECORDS CENTER  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794  
(410) 799-1379

AGENCY RECORDS INVENTORY  
  
PAGE \_\_\_ OF \_\_\_

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE  
2. Office/Administration/Division: Vital Statistics  
3. Unit or Section: Division of Vital Records

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: #6 Fetal Death Certificates  
5. Earliest Year/Latest Year: \_\_\_ to \_\_\_

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
Fetal deaths are (Hard Copies) Filed alpha order for Baltimore City + Counties Through 1995.  
1996 - Present on main frame only. No Hard copy of Index.

7. Record Series Format(s):  
 Letter Size  Microfilm  
 Legal Size  Computer Tape  
 Bound Book  Floppy Disk  
 Audio Tape  Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence:  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume: \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

10. Annual Accumulation: \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

11. File is Used:  Daily  Weekly  Monthly  
12. File Becomes Inactive After: \_\_\_\_\_  
 Month(s)  Year(s)

13. Current Location(s) (Bldg., Floor, Room): \_\_\_\_\_  
14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)  
 Yes  No

15. Access Restrictions  Yes  No  
(If Yes, cite Law(s) & Regulation(s))  
16. Audit Requirements  
 None  State  Federal  Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)  
 Yes  No  
18. Recommended Retention  
Retain hard copy of Fetal death permanently. Send to Archives periodically.  
micro film send to Archives Periodically.

Name and Title of Preparer: George M. Baker III, Business Manager  
20. Room Number: \_\_\_\_\_  
Telephone Number: (410) 764-3196  
21. Date: 9/28/00

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY  
 PAGE \_\_\_ OF \_\_\_

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE  
 2. Office/Administration/Division: Vital Statistics  
 3. Unit or Section: Division of Vital Records

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

1. Record Series Title: # 7 Marriage Certificates  
 5. Earliest Year/Latest Year: \_\_\_ to \_\_\_

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
 Original hard copies maintained at DOR for Ten (10) years.  
 Micro Film Copies From June 1951 To present.

7. Record Series Format(s):  
 Letter Size  Microfilm  
 Legal Size  Computer Tape  
 Bound Book  Floppy Disk  
 Audio Tape  Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence:  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume:  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_  
 Number \_\_\_\_\_

10. Annual Accumulation:  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_  
 Number \_\_\_\_\_

11. File is Used:  Daily  Weekly  Monthly  
 12. File Becomes Inactive After: \_\_\_\_\_  Month(s)  Year(s)  
 Number \_\_\_\_\_

13. Current Location(s) (Bldg., Floor, Room): \_\_\_\_\_  
 14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)  
 Yes  No \_\_\_\_\_

15. Access Restrictions  Yes  No  
 (If Yes, cite Law(s) & Regulation(s)) \_\_\_\_\_  
 16. Audit Requirements:  None  State  Federal  Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)  
 Yes  No  
 18. Recommended Retention:  
 Hard copies sent to Archives after Ten (10) years for permanent storage.  
 micro Film sent to Archives periodically.

19. Name and Title of Preparer: George M. Baker III, Business Manager  
 20. Room Number: \_\_\_\_\_ Telephone Number (410) 764-3196  
 21. Date: 9/28/00

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**

2. Office/Administrator/Division: **Vital Statistics**

3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **# 8 Index of Marriage Records**

5. Earliest Year/Latest Year: \_\_\_\_\_ to \_\_\_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

**Index is maintained in volumes from 1951 to present.**

7. Record Series Format(s)

Letter Size       Microfilm

Legal Size       Computer Tape

Bound Book       Floppy Disk

Audio Tape       Video Tape

Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical

Numerical

Chronological

Geographical

Other (specify) \_\_\_\_\_

9. Volume

Number \_\_\_\_\_

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify) \_\_\_\_\_

10. Annual Accumulation

Number \_\_\_\_\_

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify) \_\_\_\_\_

11. File is Used

Daily       Weekly       Monthly

12. File Becomes Inactive After

Number \_\_\_\_\_       Month(s)       Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)

Yes       No

15. Access Restrictions       Yes       No

(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

None       State       Federal       Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)

Yes       No

18. Recommended Retention

**Retain original index volumes permanently.**

Name and Title of Preparer: **George M. Baker III**  
**Business Manager**

20. Room Number \_\_\_\_\_

Telephone Number: **(410) 764-3196**

21. Date: **9/28/00**

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**

2. Office/Administration/Division: **Vital Statistics**

3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **# 9 Divorce/Annulment Forms**

5. Earliest Year/Latest Year: \_\_\_\_\_ to \_\_\_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

*Original hard copies of divorce and annulment forms processed in Maryland are microfilmed and sent to the State Archives annually.*

*An index of Divorce/Annulment information is available on cards for 1961-1972, and computer printouts for 1973 to present.*

7. Record Series Format(s)

Letter Size     Microfilm

Legal Size     Computer Tape

Bound Book     Floppy Disk

Audio Tape     Video Tape

Other (specify) **In dex Cards**

8. Record Series Sequence

Alphabetical

Numerical

Chronological

Geographical

Other (specify) \_\_\_\_\_

9. Volume

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify)

Number \_\_\_\_\_

10. Annual Accumulation

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify)

Number \_\_\_\_\_

11. File is Used

Daily     Weekly     Monthly

12. File Becomes Inactive After

Number \_\_\_\_\_     Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)

Yes     No

15. Access Restrictions     Yes     No

(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

None     State     Federal     Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)

Yes     No

18. Recommended Retention

*Retain permanently. Send original to State Archives after one (1) year.*

*Send microfilm to Archives periodically.*

Name and Title of Preparer: **George M. Baker III**  
**Business Manager**

20. Room Number: \_\_\_\_\_

Telephone Number (410) **764-3196**

21. Date: **9/28/00**

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**

2. Office/Administration/Division: **Vital Statistics**

3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **#10 Affidavit of Parentage**

5. Earliest Year/Latest Year: \_\_\_\_\_ to \_\_\_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

**Letter size forms prepared when parents of a child were NOT married at child's birth.**

**Micro film copies also maintained.**

7. Record Series Format(s)

Letter Size       Microfilm

Legal Size       Computer Tape

Bound Book       Floppy Disk

Audio Tape       Video Tape

Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical

Numerical

Chronological

Geographical

Other (specify) \_\_\_\_\_

9. Volume

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify) \_\_\_\_\_

Number \_\_\_\_\_

10. Annual Accumulation

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Other (specify) \_\_\_\_\_

Number \_\_\_\_\_

11. File is Used

Daily       Weekly       Monthly

12. File Becomes Inactive After

Number \_\_\_\_\_       Month(s)       Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)

Yes       No

15. Access Restrictions       Yes       No

(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

None       State       Federal       Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)

Yes       No

18. Recommended Retention

**Retain permanently. Send to Archives periodically after micro filming.**

Name and Title of Preparer: **George M. Baker III**  
**Business Manager**

20. Room Number \_\_\_\_\_  
Telephone Number: **(410) 764-3196**

21. Date: **9/28/00**



1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	2. Office/Administration/Division <b>Vital Statistics</b>	3. Unit or Section <b>Division of Vital Records</b>
--	--	--

**DEFINITION - RECORD SERIES** - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title <b># 11 Burial Permits</b>	5. Earliest Year/Latest Year _____ to _____
--	--

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Since May 1997, Burial Permits have been kept in an electronic format.  
Prior to 1997 these permits were not retained in a retrievable manner.

<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book      <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <u>Electronic format</u></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p>_____</p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p>_____</p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>
--	---	---

11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After _____ Month(s) <input type="checkbox"/> Year(s)
---	--

13. Current Location(s) (Bldg., Floor, Room)	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent
---	--

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Recommended Retention <b>Retain electronic file permanently. Send to Archives periodically.</b>
---	--

19. Name and Title of Preparer <b>George M. Baker III Business Manager</b>	20. Room Number _____ Telephone Number <b>(410) 764-3196</b>	21. Date <b>9/28/00</b>
---	---	----------------------------

<b>DHMH Instructions</b> - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		<b>AGENCY RECORDS INVENTORY</b>  PAGE ___ OF ___	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <b>Vital Statistics</b>		3. Unit or Section <b>Division of Vital Records</b>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <b>#12 Certificates Under Seal</b>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <ul style="list-style-type: none"> <li>• Certificate of Adoption</li> <li>• Report of Legitimation / Affidavit of Natural Father</li> <li>• Affidavit of Natural Parents</li> <li>• " " Adjudication of Paternity</li> <li>• Other Certificates</li> </ul>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)  Number _____	
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)  Number _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention <b>Retain permanently. Sent to Archives periodically.</b>		
19. Name and Title of Preparer <b>George M. Baker III</b> <b>Business Manager</b>		20. Room Number _____ Telephone Number (410) 764-3196		21. Date <b>9/28/00</b>	

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY  
 PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**  
 2. Office/Administration/Division: **Vital Statistics**  
 3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **#13 DVR Administrative Forms**  
 5. Earliest Year/Latest Year: \_\_\_\_\_ to \_\_\_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

- Request For Correction/Amendment To Death Certificate
- " " " " " " Fetal Death Certificate
- Supplemental Report of Cause of Death
- Affidavit To Correct or Add Given Name to Certificate of Birth
- " " " " Change The Name on a Certificate of Birth within 12 months of Birth.
- Other Administrative Forms.

7. Record Series Format(s)

Letter Size     Microfilm  
 Legal Size     Computer Tape  
 Bound Book     Floppy Disk  
 Audio Tape     Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume

Number \_\_\_\_\_

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

10. Annual Accumulation

Number \_\_\_\_\_

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

11. File is Used  
 Daily     Weekly     Monthly

12. File Becomes Inactive After  
 Number \_\_\_\_\_  Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere?  
 (If yes, specify agency or office)  
 Yes     No

15. Access Restrictions     Yes     No  
 (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements  
 None     State     Federal     Independent

17. Is an Index System used?  
 (If yes, explain briefly and describe any hardware/software requirements)  
 Yes     No

18. Recommended Retention  
 Forms are maintain for 3-6 months, destroyed after micro filmed. Micro filmed retained permanently.

Name and Title of Preparer: **George M. Baker III**  
**Business Manager**

20. Room Number: \_\_\_\_\_  
 Telephone Number: **(410) 764-3196**

21. Date: **9/28/00**



**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY  
 PAGE \_\_\_ OF \_\_\_

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE  
 2. Office/Administration/Division: Vital Statistics  
 3. Unit or Section: Division of Vital Records

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: # 15 Administrative Correspondence  
 5. Earliest Year/Latest Year: \_\_\_ to \_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
 Hard copies of incoming and outgoing letters, faxes, and other memos concerning Functions of DUR.

7. Record Series Format(s):  
 Letter Size     Microfilm  
 Legal Size     Computer Tape  
 Bound Book     Floppy Disk  
 Audio Tape     Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence:  
 Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume:  
 Number \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

10. Annual Accumulation:  
 Number \_\_\_\_\_  
 File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

11. File is Used:  
 Daily     Weekly     Monthly

12. File Becomes Inactive After:  
 Number \_\_\_\_\_  
 Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room): \_\_\_\_\_

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)  
 Yes     No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))  
 Yes     No

16. Audit Requirements:  
 None     State     Federal     Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)  
 Yes     No

18. Recommended Retention:  
Non-Record Returned in office or state storage for 3 years, then destroy.  
Record DUR History File, retain permanently, send to Archives periodically.

Name and Title of Preparer: George M. Baker III, Business Manager  
 20. Room Number: \_\_\_\_\_  
 Telephone Number: (410) 764-3196  
 21. Date: 9/28/00

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**

2. Office/Administration/Division: **Vital Statistics**

3. Unit or Section: **Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title: **#16 Accounting Records**

5. Earliest Year/Latest Year: \_\_\_ to \_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

**A. General/misc Accounting Records**  
**B. Budget and management Records**  
**C. Purchasing Records**

7. Record Series Format(s)

Letter Size     Microfilm  
 Legal Size     Computer Tape  
 Bound Book     Floppy Disk  
 Audio Tape     Video Tape  
 Other (specify) \_\_\_\_\_

8. Record Series Sequence

Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) \_\_\_\_\_

9. Volume

Number \_\_\_\_\_

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

10. Annual Accumulation

Number \_\_\_\_\_

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify) \_\_\_\_\_

11. File is Used

Daily     Weekly     Monthly

12. File Becomes Inactive After

Number \_\_\_\_\_  Month(s)     Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)

Yes     No

15. Access Restrictions  Yes     No  
 (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

None     State     Federal     Independent

17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)

Yes     No

18. Recommended Retention

**Retain at DUR For Three (3) to Five (5) years until all Audit requirements fulfilled, then destroy.**

Name and Title of Preparer: **George M. Baker III**  
**Business Manager**

20. Room Number: \_\_\_\_\_  
 Telephone Number: **(410) 764-3196**

21. Date: **9/28/00**

**DHMH Instructions** - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES  
 STATE RECORDS CENTER  
 7275 WATERLOO ROAD  
 P.O. BOX 275  
 JESSUP, MARYLAND 20794  
 (410) 799-1379

AGENCY RECORDS INVENTORY

PAGE \_\_\_ OF \_\_\_

1. Department/Agency  
**DEPT OF HEALTH & MENTAL HYGIENE**

2. Office/Administration/Division  
**Vital Statistics**

3. Unit or Section  
**Division of Vital Records**

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title  
**# 17 DVR History File**

5. Earliest Year/Latest Year  
 \_\_\_ to \_\_\_

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  
**One copy of all DVR publications, studies, policy documentation, reports, etc. DVR awards, photos, certificates, newspaper clippings, and other publicity. Items screened from correspondence and other administrative records which show the development of the Division or Department.**

7. Record Series Format(s)

Letter Size       Microfilm  
 Legal Size       Computer Tape  
 Bound Book       Floppy Disk  
 Audio Tape       Video Tape  
 Other (specify) Misc.

8. Record Series Sequence

Alphabetical  
 Numerical  
 Chronological  
 Geographical  
 Other (specify) Misc.

9. Volume

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)

Number \_\_\_\_\_

10. Annual Accumulation

File Drawer(s)  
 Microfilm Reel(s)  
 Computer Tape(s)  
 Other (specify)

Number \_\_\_\_\_

11. File is Used

Daily       Weekly       Monthly

12. File Becomes Inactive After

Number \_\_\_\_\_  Month(s)       Year(s)

13. Current Location(s) (Bldg., Floor, Room)

14. Is Record Series Duplicated Elsewhere?  
 (If yes, specify agency or office)  
 Yes       No

15. Access Restrictions  Yes       No  
 (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements

None       State       Federal       Independent

17. Is an Index System used?  
 (If yes, explain briefly and describe any hardware/software requirements)

Yes       No

18. Recommended Retention  
**Retain permanently. Send to Archives periodically.**

Name and Title of Preparer  
**George M. Baker III  
 Business Manager**

20. Room Number \_\_\_\_\_  
 Telephone Number **(410) 764-3196**

21. Date  
**9/28/00**