

DELAWARE HEALTH STATISTICS CENTER APPLICATION FOR PUBLIC DATA FILES

Public use data files do not include personal identifiers and require no individual privacy protection.

Name:		Date:	
Title:		Section or Office:	
Street Address:		City:	
State:		Zip Code:	Phone:
Email Address:			

DATA REQUESTED	
File Type: <input type="checkbox"/> Live Births <input type="checkbox"/> Deaths <input type="checkbox"/> Fetal Death <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Linked Medicaid-VS	
Year(s) Requested:	File format: <input type="checkbox"/> Comma delimited (*.csv) <input type="checkbox"/> Excel <input type="checkbox"/> Tab delimited (*.dat) <input type="checkbox"/> SAS <input type="checkbox"/> SPSS (*.sav)
Variables Requested:	
Project or Study Title:	
List the primary project or study objectives, and briefly describe the health, medical, or other problem addressed by the proposed project. (Attach additional sheets if necessary.)	

Public Data User's Agreement

I, the undersigned, in accordance with Delaware law, agree to the following terms and conditions related to this application and the use of the information obtained from the Delaware Health Statistics Center (DHSC).

I agree not to sell, release, or otherwise transfer the files, or any portion thereof, provided under this agreement. I agree that no attempt will be made to link the files provided by the DHSC with other files so as to identify an individual's confidential data.

I further agree to the following for any material derived from these vital statistics files:

1. No statement shall be made indicating or suggesting that interpretations drawn from the vital statistics data files are those of the Delaware Health Statistics Center.
2. If cited in a publication or presentation, the source of the data will be acknowledged as the Delaware Vital Statistics Data, Delaware Health Statistics Center, Division of Public Health, Delaware Health and Social Services.

Delaware Health Statistics Center (DHSC) Use Only

Application complete:

Date:

DHSC Authorization:

Please mail, fax, or email* the completed application to the following address:

**Marianne Letavish
Delaware Health Statistics Center
417 Federal Street
Dover, DE 19901**

Phone: (302) 744-4541 Fax: (302) 739-6631

Email: Marianne.Letavish@state.de.us

*If emailing, put "Data Request" in the Subject line.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health