

DELAWARE HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC HEALTH 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		
Type of data being requested:		<input type="checkbox"/> Delaware Resident Data <input type="checkbox"/> Delaware Occurrence Data (includes DE resident and Non-DE resident data)
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(in row by column format specifying categories for each variable):		
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 Division of Public Health (DPH).

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 DPH 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 Division of Public Health.
2. If cited in a publication or presentation, the source of the data will be acknowledged as the Delaware Department of Health and Social Services, Division of Public Health.

User's Signature:

Date:

Printed Name:

Title:

Division of Public Health (DPH) Use Only

Application complete:

Date:

DPH Authorization:

Please e-mail the completed application to:

DHSS_DPH_DataRequest@state.de.us



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health