CRIME VICTIM REGISTRATION FORM

Please check one:

☐ New Registration
☐ Change of Address
☐ Information Correction
☐ Reading Region Change

Today’s Date _____________________

Completing this form will:

• Ensure that your loved one’s name will be read at one of the services.
• Ensure that you will receive a Memorial Service invitation.

PLEASE TYPE OR PRINT CLEARLY

Name of Victim:____________________________________________________________________

Date of Death (or Disappearance):____________________________________________________

Death Caused By:_______________________________________________________________

County Where Incident Occurred:____________________________________________________

Please check ONE of the regions listed below where you will be attending and would like your loved one’s name read.

( ) Northern Region
Anne Arundel
Baltimore City
Baltimore County
Cecil
Harford
Howard

( ) Southern Region
Calvert
Charles
Prince George’s
St. Mary’s

( ) Eastern Region
Caroline
Dorchester
Kent
Queen Anne’s
Somerset
Talbot
Wicomico
Worcester

( ) Western Region
Allegany
Carroll
Frederick
Garrett
Montgomery
Washington

Your Name:____________________________________________________________________

Street Address:____________________________________________________________________

City: __________________ State: __________ Zip Code: ______________________________

Phone Number: ___________________ Cell: ________________________________

Email: ____________________________

USE THIS FORM FOR: 1) New Registration, 2) Change in Address, Contact Information, or Change in Reading Location. 3) Grammatical or spelling error in a victim’s name.

All other submissions – contact the Victim Services Unit.

Please return this completed form to:

Rebecca Allyn
Victim Services Unit
Governor’s Office of Crime Control and Prevention
100 Community Place, Crownsville, MD 21032
Rebecca.allyn@maryland.gov
MARYLAND STATE BOARD OF VICTIM SERVICES

ANNUAL STATEWIDE VICTIMS MEMORIAL SERVICES

The Maryland State Board of Victim Services hosts a statewide victims’ memorial service each spring at the beginning of National Crime Victims’ Rights Week. The memorial service honors the memory of those Marylanders who lost lives to violent crime and acknowledges the families who have had their lives dramatically changed as a result of someone else’s violent actions.

The memorial service strives to unite victims, family members, survivors, victim service professionals, law enforcement, advocacy organizations, and others from around the states who are concerned about rights and services for victims of crime. This event often brings together those individuals who know what other victims of sudden, unpredictable tragedies have learned so painfully: that life’s comforts and security can be shattered in an instant, that lives so ordered can be transformed forever.

Each year the program includes the reading of the names of those individuals who have died as a result of homicide or automobile manslaughter throughout Maryland. Some people find it comforting to know that the name of their loved one will be read at the service. If you would like to have your loss acknowledged in this way, please complete the attached form and return it to:

Attn: Victim Services Unit
Governor’s Office of Crime Control and Prevention
Maryland State Board of Victim Services
100 Community Place, Crownsville, MD 21032

For those who return the form, a formal invitation to the memorial service will be mailed closer to the event date, along with times and directions for each memorial site.