

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of data. An agency may not collect or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer: 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN.: PRA 0920-0213)

**CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS
DIVISION OF VITAL STATISTICS
RESEARCH TRIANGLE PARK, NC 27709**

ANNUAL VITAL STATISTICS OCCURRENCE REPORT

Registration Area (State or County, State)

Submitted By _____ **Date** _____

Title _____

Vital Statistics Events by Month of Occurrence: Calendar Year ex. 2008

MARRIAGES DIVORCES /ANNULMENTS

January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
Total	_____	_____

Fill in all information applicable to your reporting area.

Please read instructions on back of sheet before completing, then mail completed forms to the address provided in the instructions (this data may also be sent via E-mailC see instructions for this address, also.

INSTRUCTIONS

1. For your reporting area, enter the number of actual event occurrences for each vital statistics area, by month of occurrence.
2. When this has been completed, total the numbers for each area and enter that on the line at the bottom of that column.
3. This is a count by occurrence, not by receipt or reporting, so use the actual month span (from the first day to the last day of the calendar month, the twenty-eighth, twenty-ninth, thirtieth, or thirty-first, as appropriate).

Marriages (or marriage licenses)

4. Include all marriages (or marriage licenses) reported to the state (or county, if applicable) office between the first and last day of each month.

Divorces and Annulments

5. Include only decrees of absolute divorce and annulments which are reported to the state office between the first and last day of each month. Exclude decrees of separation and other limited decrees.

6. Mail your report to:

MVSR Counts
Data Acquisition and Evaluation Branch, DVS
DHHS, PHS, CDC, NCHS
P.O. Box 12214; MS P09
3210 East Highway 54
Research Triangle Park, NC 27709
Telephone: 919-541-4550

Email: mvsr@cdc.gov

7. For additional forms or information on the reporting procedure, write to the above address or call the phone number above.
8. Your assistance in providing this information will make it possible for us to compile complete national data for publication in the Annual Vital Statistics Report. Legal authority for this information collection is provided under 42 USC 242k and the obligation to respond is voluntary