Form Approved OMB No. 0920-XXXX Exp.: XX/XX/20XX

Attachment 17 – Contact Information Form

Thank you for providing your child's contact information. The findings from the survey will help current adults who were born with heart conditions and the future lives of children born with heart conditions.

Your current name (First Last):			
Your name at time of child's birth (First Last) _			
Child's current na	ame (First Last): _		
Your child's name at birth (First Last) _			
Child's phone nur	mber (xxx)-xxx-xxx:		
Child's address: _	Number and Street	Apt Number	
_	City, State Zip Code		-
Child's email add	ress:		

Public reporting burden of this collection information is estimated to average 2 minutes, including completing and reviewing the collection of information. An agency may not conduct 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 NE, MS D-74, Atlanta, GA 30333: ATTN: PRA (0920-XXXXX).