

OMB Control Number: 0925-0414

Expiration Date: 7/2016

Public reporting burden for this collection of information is estimated to average 3 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 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.



**WOMEN'S HEALTH INITIATIVE**  
**Personal Information Update**  
**for**

OMB #0925-0414 Exp: 7/13  
 \*1810011\*  
 \*1810011\*  
 CCC-RC

**ID# 18 10011 J**  
**Ms. Jane J Doe-Test**  
 The information below reflects our records as of 12/06/12.  
 Please make any necessary changes, so that we may update our records.

**YOUR CURRENT CONTACT INFORMATION**

**ADDRESS 1 Address:** 100 Main Street  
 Current address Apt. 11  
**City, St, Zip:** Seattle, WA 98101  
**Home Phone:** (206) 555-5555

If this is not your year-round mailing address, between what dates is this your mailing address?  
 \_\_\_\_\_ and \_\_\_\_\_

**ADDRESS 2 Address:**  
 Current address  
**City, St, Zip:** ,  
**Home Phone:**

If this is not your year-round mailing address, between what dates is this your mailing address?  
 \_\_\_\_\_ and \_\_\_\_\_

**Work Phone:** N/A      **May we call you at work?** N/A      **Cell Phone:** (206) 555-1111  
**Other Phone:** (206) 555-2222      **Whose phone?** Daughter's  
**E-mail Address:** jdoe@mymailbox.com  
**Contact Notes:** Anyday, Anytime at home.

**OTHER IDENTIFYING INFORMATION**

**Legal Name:** Jane J. Doe  
 (first, mi, last)

**OTHER CONTACTS**

Relatives or friends not living in your household, who are likely to know how to contact you if we cannot contact you directly.

**CONTACT 1**    **Name:**  
                  (first, last)  
                  **Address:**

**City, St, Zip:**

**Phone:**

**Relationship:**

**CONTACT 2**    **Name:**  
                  (first, last)  
                  **Address:**

**City, St, Zip:**

**Phone:**

**Relationship:**

**PROXY CONTACT**

The person who can answer questions about your health if you cannot.

**PROXY**        **Name:**  
                  (first, last)  
                  **Address:**

**City, St, Zip:**

**Phone:**

**Relationship:**

