Form Approved OMB Number 0920-1122 Exp. Date: XX/XX/20Xx

Attachment 18 - 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 Name				
Your current name:				
Your name at the time of	First name your child's birth:	Last name		
	First name	Last name		
Your Child's Contact Information				
Child's current name:				
	First name	Last name		
Child's name at birth:				
	First name	Last name		

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 (0920-1122).

Child's phone number:		_		
(xxx) xxx-xxxx Child's address:				
	Number and Street		Apartment Number	
	City	State	Zip Code	
Child's email address:				

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