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Form Approved  
OMB No. 0920-0213  
Expiration Date: xx/xx/20xx

**Notice** – CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 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. 2019)** \_\_\_\_\_

**MARRIAGES/DIVORCES /ANNULMENTS**

JANUARY _____	JULY _____
FEBRUARY _____	AUGUST _____
MARCH _____	SEPTEMBER _____
APRIL _____	OCTOBER _____
MAY _____	NOVEMBER _____
JUNE _____	DECEMBER _____

**Total January thru December:** \_\_\_\_\_

\_\_\_\_\_  
Report annual by filling in all information applicable to your reporting area.

Please read instructions on back of sheet before completing, then E-mail completed forms to the address provided in the instructions (this data may also be sent via regular mail) 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](mailto: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 U.S.C 242k and the obligation to respond is voluntary

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)

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**Registration Area (State or County, State)**

**MARRIAGE INSTRUCTIONS:**

- 1) Report the number of marriages by month the marriage was performed.
- 2) If marriages by month performed are not available, please report marriages by month the license was filed in the state office and footnote accordingly.
- 3) Where data are not available, please enter three dashes (---). If the quantity is zero, use one dash (-).
- 4) If there are any other qualifications for the data, please indicate in a footnote.

**2016 Marriages:**

JANUARY	_____	JULY	_____
FEBRUARY	_____	AUGUST	_____
MARCH	_____	SEPTEMBER	_____
APRIL	_____	OCTOBER	_____
MAY	_____	NOVEMBER	_____
JUNE	_____	DECEMBER	_____

**Total January thru December:** \_\_\_\_\_

DIVORCE, DISSOLUTION OF MARRIAGE, AND ANNULMENT INSTRUCTIONS:

- 1) Report the total number of divorces, dissolution of marriages, and annulments granted by month of occurrence of decree.
- 2) Where data are not available, please enter three dashes (---) and if the quantity is zero, use one dash (-).
- 3) If there are any other qualifications for the data, please indicate in a footnote.

**2016 Divorces, Dissolution of Marriages, and Annulments:**

JANUARY _____	JULY _____
FEBRUARY _____	AUGUST _____
MARCH _____	SEPTEMBER _____
APRIL _____	OCTOBER _____
MAY _____	NOVEMBER _____
JUNE _____	DECEMBER _____

**Total January thru December:** \_\_\_\_\_

NOTE:

- 1) Please DO NOT provide monthly receipt counts in response to this request; reporting of "monthly counts" from your staff representing the number of certificates received in your office for the monthly report period has been discontinued effective 2016. The present request is not for "receipts" but rather for "occurrences".
- 2) Please DO NOT provide residence data; we need occurrence data only.