

Transmittal Form

OMB No. 0920-0215
Expiration Date: xx/xx/2026

You must enclose:

1. Study subjects' records (sFTP or CD-ROM)
2. Completed *NDI Transmittal Form*
3. Worksheet for calculating NDI charges
4. Payment (check*, purchase order, or credit card)
*Make check payable to the *U.S. Dept. of Health and Human Services* and include both your NDI and EIN numbers.
NOTE: Our Employer Identification Number (EIN) is 58-605-1157.

If sending your submission via mail, please use this address:

NATIONAL DEATH INDEX
Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782
Phone: 301-458-4444

Name of principal investigator/project director:	Organization:	Assigned NDI application number:
Name of site principal investigator/project director:		Site Indicator:

Data steward name:	Person to contact if NCHS has problems processing your records:
Organization's physical address (P.O. Boxes are not permitted):	
Phone Number:	Name:
E-mail:	E-mail:

1. What year(s) of death do you want to search?
If you are submitting MORE THAN ONE FILE, submit a separate *NDI Transmittal Form* for each file. Contact NDI staff if you are not sure which years are currently available.

Beginning year:

Ending year:

2. Is this a REVISED data submission to correct errors from a previous submission? YES NO

3. Date sent to NCHS:	4. Records (100 characters) submitted on: CD-ROM sFTP
5. TOTAL number of (100-character) records: Number of study subjects*: *Charges are based only on number of subjects Duplicate/alias records (optional):	

6. Preferred output medium:

Your NDI results are sent on a CD-ROM unless a different medium is indicated.

CD-ROM

sFTP

7. File type:			
Routine	Unknown	Known	Certificate
8: Special instructions:			
(Use this box if there is anything you need to tell us about how your records were prepared. NOTE: If your data submission contains more than one file, complete a separate NDI TRANSMITTAL FORM for each file, clearly indicating which YEAR(S) OF DEATH each file should be searched against.)			
9. Payment is being made by:		EIN 58-605-1157	10. Amount of payment:
Check	Attached	Pending	(only one service charge per submission, not per form)
Credit card (limit \$24,999.99)			Service charge:
Purchase order: #			Total record charges:
Interagency agreement (specify):			(5 duplicate records per subject at no charge)
Electronic Funds Transfer			Total payment:
Other (specify):			
Person authorized to request this NDI search (print):		Signature:	Date:

FOR NCHS OFFICE USE ONLY

Date data recieved: Date searched: Date NDI output sent: Type of output: CD-ROM sFTP Programmer's initials:	Total records: <hr/> Rejected records:	NDI CHARGES: Service charges: Total record charges: Total payment:
Required action: Deposit check Invoice against purchase order Charge interagency agreement number:		
If charge was selected, include interagency agreement number:		
Special instructions or comments:		

Public reporting burden of this collection of information is estimated to average 18 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 33033, ATTN: PRA (0929-0215).