

Family Contact Listing

I agree to have my name, address and phone number placed on the Birth-Injury Program's family contact listing. I understand this list will be distributed to all those consenting to be on the list. Please note that names are not carried over from year to year.

Printed Name: _____

Phone number to be distributed: _____

Address: _____

Signature: _____

Date: _____

Please return to Angela Conley via fax at 804-330-3054 or mail to:

Angela Conley
Virginia Birth-Injury Program
9100 Arboretum Parkway, Suite 365
Richmond, VA 23235