

Demographic and Contact Information Form



Instructions:

- When using the VaxViewNM public portal to access your (or your child’s) vaccination record, the information entered must be an exact match with the statewide registry to be successful.
 Note: Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system. If no record is found in the registry, one will not be created using this form.
- Please complete the fields below with your information, exactly as it should read in your existing record in the New Mexico Statewide Immunization Information System. **Please print clearly, using CAPITAL LETTERS ONLY.**
- Form must be signed and dated by a notary public.
- For any questions on how to complete the form, please contact, (833) 882-6454 or (505) 827-2356
- Mail **original** form to: NM Immunization Program
 1190 St. Francis Drive, S-1250
 PO Box 26110
 Santa, Fe, NM 87502-6110

PARENT/GUARDIAN 1

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

PARENT/GUARDIAN 2

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

Parent/Guardian Name (print clearly): _____

Parent/Guardian Signature: _____ **Date:** _____

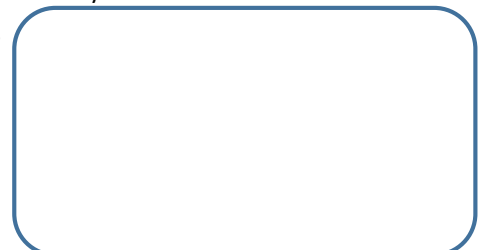
NOTARY

Subscribed and sworn before me this _____ day of _____, 20____.

 Notary’s Signature

My Commission expires: _____

Notary Seal



CHILD 1

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 2

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 3

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 4

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 5

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 6

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 7

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**

CHILD 8

Name _____ **Date of Birth** _____
FIRST M LAST MM/DD/YYYY

Primary Phone _____ **Secondary Phone** _____
() ()

Mailing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Email Address _____ **Gender** (as assigned on birth certificate) **M** **F**