



STATE HUSBAND NATIONAL BIRTH FORM, COMPARISON
STATEMENT OF RESULTS OF PUBLIC PROGRAMS
2012 FISCAL YEAR

NAME: _____ SEX: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____
DATE OF BIRTH: _____

DATE OF DEATH: _____
DATE OF INTERVIEW: _____
DATE OF REPORT: _____
DATE OF REVIEW: _____

NO.	NAME	AGE	SEX	DATE OF BIRTH	DATE OF DEATH	DATE OF INTERVIEW	DATE OF REPORT	DATE OF REVIEW
1	John Doe	25	M	1987-01-01	2012-01-01	2012-01-01	2012-01-01	2012-01-01
2	Jane Doe	24	F	1987-02-01	2012-02-01	2012-02-01	2012-02-01	2012-02-01
3	John Doe	25	M	1987-03-01	2012-03-01	2012-03-01	2012-03-01	2012-03-01
4	Jane Doe	24	F	1987-04-01	2012-04-01	2012-04-01	2012-04-01	2012-04-01
5	John Doe	25	M	1987-05-01	2012-05-01	2012-05-01	2012-05-01	2012-05-01
6	Jane Doe	24	F	1987-06-01	2012-06-01	2012-06-01	2012-06-01	2012-06-01
7	John Doe	25	M	1987-07-01	2012-07-01	2012-07-01	2012-07-01	2012-07-01
8	Jane Doe	24	F	1987-08-01	2012-08-01	2012-08-01	2012-08-01	2012-08-01
9	John Doe	25	M	1987-09-01	2012-09-01	2012-09-01	2012-09-01	2012-09-01
10	Jane Doe	24	F	1987-10-01	2012-10-01	2012-10-01	2012-10-01	2012-10-01

STATE OF TEXAS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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John Doe
Jane Doe