

# HKNC National Registry of Persons Who are Deaf-Blind - Short Form/Update

Please return this form to your HKNC Regional Representative:

Helen Keller National Center

OR

You may also complete this form on our website: <https://www.helenkeller.org/hknc/national-registry>

The purpose of the Registry is to provide basic information about persons who are deaf-blind in the United States. This information is to be used as a census of persons who are deaf-blind, as a planning tool and for research purposes. All identifying information is confidential. Written consent from the individual or guardian is required before a person becomes registered by the Helen Keller National Center.

**\*REQUIRED**

<b>INFORMATION ABOUT INDIVIDUAL WHO IS DEAF-BLIND</b>		New <input type="radio"/> Updated <input type="radio"/>		Today's date:	
*Last Name:		*First Name:			
Middle Name:		Maiden Name:			
*Mailing Address:					
*City:		County/Parish:		*State:	
				*Zip:	
Phone: Voice <input type="radio"/> Text <input type="radio"/> VP <input type="radio"/> (    )				E-mail:	
*Date of birth:		Male <input type="radio"/> Female <input type="radio"/>		Employed? Y/N If yes, job title:	
*Identify your vision condition:					
*Identify your hearing condition:					
Syndrome/other conditions:					
*I am interested in having my HKNC Regional Representative contact me about local and HKNC services: Yes <input type="radio"/> No <input type="radio"/>					
I want to subscribe to the free, quarterly <i>CONNECT!</i> email Newsletter: Yes <input type="radio"/> No <input type="radio"/>					

*This form was completed by the person described above: Yes <input type="radio"/> No <input type="radio"/>				*If no, relationship to individual:	
Agency:		*Last Name:		*First Name:	
Mailing Address:					
City:		County:		State/Terr:	
				Zip:	
Telephone #: (    )		Voice <input type="radio"/> VP <input type="radio"/>		E-mail:	
*I have obtained permission to submit this information on behalf of the individual: Yes <input type="radio"/> No <input type="radio"/>					

<b>*By signing, I allow HKNC to use the information in this form for statistics on deaf-blind individuals</b>			
*Signature:		*Printed Name:	*Date:    /    /