

Consent for Contact

Regarding the research on the effects of the bombing, I am willing to be contacted by telephone to participate in this project.

Name: _____

Current mailing address:

Phone number(s) where I can be reached:

Best time(s) to call:

Signature: _____

Return to: Oklahoma State Department of Health
 1000 N.E. 10th Street
 Oklahoma City, Oklahoma 73117-1299

Self-addressed postage-paid envelope enclosed for your convenience.

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