## LOCATED MISSING CHILD NOTIFICATION BIRTH CERTIFICATE FLAG <u>CANCELATION</u> REQUEST FORM

New Mexico Vital Records and Health Statistics FAX (505) 827-1751

New Mexico Vital Records and Health Statistics Post Office Box 26110 Santa Fe, NM 87502

Dear State Registrar:

This report is being sent to you in accordance with the New Mexico Missing Child Reporting Act, [Section 29-15-7.1 NMSA 1978]. The act states that a law enforcement agency shall notify the State Registrar, **within 24-hours (by FAX)** when a missing child has been located.

Upon Receipt of this notice, the State Registrar shall un-flag the missing child's birth certificate if the child was born in the State of New Mexico.

In accordance with statute, the **complete** missing child's birth information is provided:

	First	Middle	Last Name
Name of Child:			
]	Month/Day/Year	Г	City, County, State
Child's Date of Birth:		Place of Birth:	
]	First	Middle	Maiden Last Name
Birth Name of Mother:			
Name of Father or	First	Middle	Last Name
Non-Custodial Parent:			
NOTE: (If mother is unma	arried, also provide the na	me of the Non-Cus	stodial parent):

## **REPORTING LAW ENFORCEMENT AGENCY:**

Date of Notice:	Case Number:
Law Enforcement Agency:	
Mailing Address:	
Contact Person and Title:	
Telephone Number:	

For New Mexico Vital Records and Health Statistics Use Only				
Date Flagged:	File Number:			