

REQUEST FOR A SEARCH OF
OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Please conduct a search of the Central Registry on Child Abuse and Neglect for my name. This information will be used for the purposes of (check):

Adoption/Foster Parenting Volunteer Work Employment Other _____

Full Name: _____ (Including maiden name, if applicable)	Full Name: _____ (Including maiden name, if applicable)
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Signature _____	Signature _____
Copies of <u>two</u> (check <input checked="" type="checkbox"/> <u>2</u>) forms of identification are attached, one of which contains my Social Security number: <input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa	Copies of <u>two</u> (check <input checked="" type="checkbox"/> <u>2</u>) forms of identification are attached, one of which contains my Social Security number: <input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa

INSTEAD OF PROVIDING TWO FORMS OF IDENTIFICATION, THIS FORM MAY BE NOTARIZED.

This request is notarized in lieu of submitting two forms of identification.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS IN OHIO _____

CITY _____ STATE _____ ZIP CODE _____

Subscribed and affirmed before me according to law this _____ day of _____, 20____

at _____, County of _____ and State of _____.

(City)

_____ Notary

Mail request to **Central Registry; Bureau of Family Services, PO Box 182709, Columbus, OH, 43218-2709**. The street address is 50 West Town Street, 6th floor, Columbus, OH, 43215. Questions about the Central Registry may be directed to 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov.