NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

IDENTITY VERIFICATION

The purpose of this form is to verify the identity of the individual requesting information from the Nebraska Adult/Child Abuse and Neglect Central Registry.

Request Number:

INDIVIDUAL INFORMATION	
Name	Date of Birth

Signature of Individual/Guardian:_____ Date:_____

NOTARY USE ONLY

STATE OF_____)
)ss.
COUNTY OF_____)

The foregoing instrument was acknowledged before me this ___day of_____, 20___ by:

Printed Name of Individual/Guardian: _____

Affix Official Notary Seal Here _____
Notary Public

DO NOT MAIL THIS FORM. Once this form has been notarized, upload and attach this document to your Check Request on the Nebraska Central Registry Portal. To access your check request, you must enter the *PIN* you initially created and the *Request Number* on the portal.