



Print clearly. Sign before an official notary public. Mail your completed form. Incomplete forms will not be processed.

APPLICANT INFORMATION

First name	Middle name	Last name
Current street address		Town/City
County	State	Zip code
DOB: (mm/dd/yyyy) ___/___/____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	SSN (last 4 digits) XXX-XX-__ __ __ __
List any other names you've used (e.g., aliases, maiden name). Include the first, middle and last names.		
List any previous addresses you've had in Vermont. Include the street address, town, and zip code.		

How would you like to receive the results? Check just one.

Mail the results in the self-addressed envelope enclosed with this form.

Email the results to person/company Amanda Hartle at this email address: ccacentralregistry@azdes.gov

OFFICIAL NOTARY PUBLIC USE

This person _____ appeared before me on ___/___/____,		Official Seal/Stamp Below
in the State or Country of _____ in _____ county.		
_____ Applicant's Signature	_____ Date Signed	
<i>The applicant provided satisfactory evidence to be the person named above.</i>		
_____ Name & Title of Notary	_____ Signature of Notary	___/___/____ [Commission expires]

DCF USE ONLY: RESULTS OF THE CHILD PROTECTION REGISTRY CHECK

On this date ___/___/____:	
<input type="checkbox"/> Your name DOES NOT appear in the registry.	_____ Commissioner's Designee (Print Name)
<input type="checkbox"/> Your name DOES appear in the registry.	_____ Commissioner's Designee (Signature)
_____ Date of substantiation	_____ Date Signed
_____ Date of substantiation	
_____ Category	
_____ Category	

Mail your completed form to:

DCF - Child Protection Registry, HC 1 North Bldg. B, 280 State Drive, Waterbury, Vermont 05671-1080
Send by U.S. Postal Service. Do not send by private courier or delivery service (e.g., Fedex or UPS).