

CENTRAL REGISTRY OF CHILD PROTECTION/INDIVIDUAL INQUIRY

Please check my name against the Central Registry for one of the following reasons: (Circle appropriate choice) Volunteer Employment Other (Explain) _____. **In order to respond as accurately as possible, please legibly fill in all the blanks. Do not use N/A. Form will be returned for lack of information. Please note: your signature must be notarized and accompanied by a check or money order for \$10.00 made payable to: Colorado Department of Human Services, Central Registry of Child Protection, 1575 Sherman, Denver, CO 80203. A response will be sent to your home address.**

The Central Registry must receive the original form with signatures; forms that are faxed or emailed can not be processed.

INDIVIDUAL MAKING REQUEST

PLEASE PRINT ALL INFORMATION

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number
_____	_____	_____	_____
Current Address	City/State		Zip Code
_____	_____		_____
Mailing Address	City/State		Zip Code
_____	_____		_____
Previous Address	City/State		Zip Code

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN

_____	_____	_____	_____
First Name	Middle Name	Last Name	Alias/Maiden Name
_____	_____	_____	_____
Date of Birth	Sex: M/F	Race	Social Security Number

CHILDREN - Use full names. Add additional children on the back of this form.

1)	_____	_____	_____
	Name	Date of Birth	Sex: M/F
2)	_____	_____	_____
	Name	Date of Birth	Sex: M/F
3)	_____	_____	_____
	Name	Date of Birth	Sex: M/F
4)	_____	_____	_____
	Name	Date of Birth	Sex: M/F

_____	_____
Signature of Individual	Date of Request

Notary Statement:	STATE of _____	Subscribed and sworn to before me this
	COUNTY of _____	_____ day of _____, _____.

My Commission Expires: _____	<u>Notary Seal:</u>
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Signature of Notary