



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Children and Families

Office of the General Counsel  
 Background Record Check Unit

**Department Central Registry Record Request  
 for Child Placement, Employment or Licensure**

**Purpose:**  Employment  Licensing  Other (Please Explain): \_\_\_\_\_

**Requestor Information:**

ND DHHS, Criminal Background Check Unit

Requestor Name

600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250

Requestor Address

_____	701-328-7575	dhsfcscbc@nd.gov
Contact Person Name (if different from above)	Phone Number	Email Address

**Applicant/Employee Information:**

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____	_____
Date of Birth	Place of Birth	Last 4 Digits of Social Security Number

_____	_____	_____
Mother's Maiden Name	Applicant/Employee Phone Number	Applicant/Employee Email Address

**All Prior First, Middle, Last Names or Nicknames Used:**

**Current Home Address and Any Prior Addresses in the Past 5 Years:**

_____	_____
Street Address	City, State and Zip Code

_____	_____
Street Address	City, State and Zip Code

_____	_____
Street Address	City, State and Zip Code

_____	_____
Street Address	City, State and Zip Code

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Street Address

City, State and Zip Code

**Applicant/Employee Consent:**

I, \_\_\_\_\_, (Applicant/Employee Name) authorize the Department of Children and Families to:

- search its Central Registry of Child Abuse/Neglect to determine if there are any supported reports of child abuse and/or neglect involving me and inform the requestor of the result; and
- if there are any supported reports involving me, provide copies of the reports to the requestor.

I certify that the information above is correct.

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Signature

Date

**Requestor Certification:**

I, \_\_\_\_\_, (Name of Staff Member/Requestor), certify that the applicant/employee named on page 1 has provided proof of their identity and that the applicant/employee information above is correct to the best of my knowledge based on the proof of identity provided.

I understand that the Department will search its Central Registry based on the information provided by the applicant/employee and that search results will be limited to exact matches to the provided information.

I request that the results of this Central Registry Check are returned by:  Secure Email or  Mail

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Staff Signature

Date

**Department of Children and Families Official Use Only:**

Supported Report(s) have been found in Massachusetts involving the above-named individual based on an exact match of the information provided on the request form. Copies of all supported reports are attached.

No Record of supported reports has been found in Massachusetts involving the above-named individual.

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Signature

Date