

CENTRAL REGISTRY NAME SEARCH AUTHORIZATION

I hereby request the NH Department of Health and Human Services (DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of abuse and neglect. I understand if there is any information to that effect, I will be contacted at the address listed below.

Signature: _____ Date: _____

Printed Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Other names I have previously used: _____

Contact Information: Address: _____ Phone: _____

Notary:

State of _____

County of _____

This instrument was acknowledged before me on _____ by _____

Signature of notarial officer: _____

Mail form and **a self addressed stamped envelope** to:

Division For Children, Youth and Families
DCYF Central Registry, Brown Building
129 Pleasant Street Concord, NH 03301