



VERMONT

Request for a Child Protection Registry Check: **SELF** (03/31/17)

Print clearly and sign before an official notary public. Incomplete forms and those submitted by email or fax will not be processed.

Applicant Information

First Name	Middle Name	Last Name
Current Street Address		Town/City
County	State	Zip
Date of Birth (m/d/y) ___/___/___	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	SSN (last 4 digits only) XXX-XX-____

Please list any other names you have used (e.g., aliases, maiden name). Include the first, middle and last names.

Any previous addresses in Vermont (include street address, town, and zip code)

Any previous findings or substantiations by a child protection agency:

Allegation	Approximate date of findings	Address where you were living at the time
Allegation	Approximate date of findings	Address where you were living at the time

Official Notary Public Use

This person _____ appeared before me on this date ___/___/___
 in the State or Country of _____ in the county of _____
 I authorize release of the Child Protection Registry check results to the person listed on the enclosed envelope.

Official Seal/Stamp Below

_____/_____/_____
 [Commission expires]

Applicant's Signature _____ Date Signed _____
 This person provided satisfactory evidence to be the person named above.

Name & Title of Notary _____ Signature of Notary _____

DCF Use Only: Results of the Child Protection Registry Check

Your name **does not** appear in the registry as of ___/___/___.
 Presence of the DCF seal indicates the record is clear.

Signature of Commissioner's Designee _____ Date _____

Your name **does** appear in the registry.

Date of substantiation	Category
Date of substantiation	Category

Mail your completed form and a self-addressed, stamped envelope to:
 DCF - Child Protection Registry, HC 1 North Bldg. B, 280 State Drive, Waterbury, Vermont 05671-1080
 Please send by U.S. Postal Service. Do not send by private courier or delivery service (e.g., Fedex or UPS).