



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES**

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
FAX: 603-271-4729 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Maggie Bishop
Director

**CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
RELEASE OF INFORMATION TO THIRD PARTY**

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the state child abuse and neglect Central Registry of founded reports. My full name, other names I have used in the past, and other identifying information are listed below.

Current Full Name (please print): _____

Maiden Name (if applicable): _____

Other names I have previously used: _____

Date of Birth: ____ / ____ / ____ **Social Security Number:** ____ - ____ - ____
month day year

I understand that the results of the search will sent to the person at the address listed below:

Name and address of person to receive results: _____

_____ _____ _____ _____
number and street name city or town state zip code

Signature: _____ **Date:** _____

State of _____, County of _____, ss.

On this the _____ day of _____, 20____, before me, _____, the undersigned officer,
(name of notary)
personally appeared _____, known to me (or satisfactorily proven) to be the person described
(name of person)
above, and acknowledged this instrument.

Signature of notarial officer: _____ My commission expires on: _____

In witness whereof I hereunto set my official seal.

Return form with self-addressed stamped envelope to:

NH Division for Children, Youth, and Families
Central Registry, Brown Building – 4th floor
129 Pleasant Street Concord, NH 03301