



CHILD PROTECTION REGISTRY SELF INQUIRY REQUEST

Clearly print the information to the best of your knowledge and have the form notarized by an official notary public.

Mail the completed form and include a self-addressed and stamped envelope to

**Child Protection Registry Self-Inquiry
Department of Children and Families, Osgood 3
103 South Main Street, Waterbury, VT 05671**

Forms submitted electronically (email, fax) will not be processed

Applicant's Name	Last	First	Middle
Current Address	Street Address		Town/City
	County	State	Zip
Personal Information	DOB	<input type="radio"/> Female <input type="radio"/> Male SSN (last 4 digits only) XXX-XX-____	
Previous names, aliases, maiden and AKA	Last	First	Middle
	Last	First	Middle
	Last	First	Middle
Previous Vermont Addresses	Street Address	Town/City	Zip code
	Information on allegation	Previous allegation against you	Approximate date
			Address where you were living at the time

THE FOLLOWING SECTION IS TO BE COMPLETED IN THE PRESENCE OF AN OFFICIAL NOTARY ONLY

In the State or Country of _____ County of _____ on (Date) ____/____/____

before me, (Name and Title of Notary Public) _____,

personally appeared (Applicant Name, Printed) _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in this document and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the document the person executed this document.

Official seal/stamp here

Applicant's Signature _____

I certify under penalty of perjury that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature _____ / ____/____

[Commission expires]

DCF USE ONLY ----- RESULTS OF CHILD PROTECTION REGISTRY CHECK

Your name **does not** appear in the registry on this date

Presence of DCF seal indicates record is CLEAR on date stamped in left box.

Your name appears in the registry (Please see enclosed pamphlet)

Date of Substantiation _____ Category _____

____/____/____

____/____/____

Signature of Commissioner Designee _____ Date _____

Signature of Commissioner Designee _____ Date _____

Information requested on this form is required by the State of Vermont, Department for Families and Children, Family Services Division for the purpose of requesting a self-inquiry of the Child Protection Registry. Failure to provide all of the requested information above will result in the denial of your request and rejection of your application. Attempts to send this document to the Child Protection Registry via fax or email will result in a denial of your request with no further response provided by this Agency. (02/2011)

