

REQUEST FOR CHILD ABUSE/NEGLECT
CENTRAL REGISTRY

COMPLETE, NOTORIZE, AND MAIL THIS FORM TO:

Mailing address:
CHFS/DCBS/Records Mgmt.
275 E Main Street 3 E-G
Frankfort Kentucky 40602

First name	Middle Name	Last Name		
<hr/>				
<u>Other names or alias</u>				
<hr/>				
Street Address	City	County	State	Zip Code
<hr/>				
Date of Birth	Gender Male or Female	SSN		
<hr/>				
<u>Race</u>				
<u>List other places you have lived in Massachusetts</u>				
<hr/>				
<u>Send results to</u>				
CHFS/DCBS/Records Management 275 E Main Street 3E-G Frankfort Kentucky 40602				
Signature of applicant _____				
Date of Request _____				
SUBSCRIBED AND SWORN TO before me this _____ day of				
_____, _____.				
Notary stamp or seal				

Notary Public				