

ARIZONA DEPARTMENT OF CHILD SAFETY  
 Child Safety Central Registry, Site Code C010-20  
 P.O. Box 6030 • Phoenix, AZ 85005-6030  
 FAX: 602-265-3993

**ADOPTIVE FAMILIES CENTRAL REGISTRY RECORDS CLEARANCE**

**Department of Child Safety (DCS) records are confidential and can be released only to those individuals permitted by state (A.R.S. § 8-807) and federal law.** This form is to be completed for all household members and requested information will be used to check the Child Safety Central Registry for any history of prior reports. Please return completed form to address or FAX number above.

ADOPTIVE PARENT'S NAME (Last, First, Middle)	DATE OF BIRTH	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden and/or prior married names)

ADOPTIVE PARENT'S ADDRESS (No., Street, City, State, ZIP)

ADOPTIVE PARENT'S'S NAME (Last, First, Middle)	DATE OF BIRTH	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden and/or prior married names)

ADOPTIVE PARENT'S ADDRESS (No., Street, City, State, ZIP)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	DATE OF BIRTH	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden and/or prior married names)

OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (No., Street, City, State, ZIP)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	DATE OF BIRTH	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden and/or prior married names)

OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (No., Street, City, State, ZIP)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (Last, First, Middle)	DATE OF BIRTH	SOC. SEC. NO.
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OTHER NAMES USED (Include maiden and/or prior married names)

OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (No., Street, City, State, ZIP)

**Children's Names (Include birth, adopted and any other children living in household)**

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH

I certify that all information provided is true and accurate to the best of my knowledge.

ADOPTING PARENT'S SIGNATURE	DATE
ADOPTING PARENT'S SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER'S SIGNATURE	DATE
NAME OF AGENCY REQUESTING CENTRAL REGISTRY RECORDS CLEARANCE	AREA CODE AND PHONE NO.
REQUESTOR'S SIGNATURE	DATE

NAME AND ADDRESS OF AGENCY TO RECEIVE INFORMATION FROM CENTRAL REGISTRY (THIS BLOCK MUST BE COMPLETED)

**TO BE COMPLETED BY DCS PERSONNEL**

Central Registry information checked: \_\_\_\_\_

There are no substantiated reports.  \_\_\_\_\_ report(s) attached.

SIGNATURE OF PERSON CHECKING CENTRAL REGISTRY	DATE
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