

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES/CHILD PROTECTIVE SERVICES
REQUEST FOR SEARCH OF THE CENTRAL REGISTRY
AND RELEASE OF INFORMATION FORM**

INSTRUCTIONS:

1. Type or **print legibly in ink**. Indicate **N/A** if not applicable. **Incomplete forms will be returned.**
2. Submit a separate form for each individual whose name is to be searched.
3. Provide proof of identify and sign Part III in the presence of a Notary Public.
4. Enclose **\$5.00 money order, company check/business check or cashiers check** payable to Virginia Department of Social Services (unless waived). **DO NOT SEND CASH. NO PERSONAL CHECKS.**
5. Return the completed form and fee to:
 Central Registry Search
 Virginia Department of Social Services
 Child Protective Services Unit
 7 North Eighth St. – 4th Floor
 Richmond, Virginia 23219
6. Search results disseminated beyond the requesting agency/individual named below is not considered official.

Part I: TO BE COMPLETED BY REQUESTING AGENCY/INDIVIDUAL: CATHOLIC DIOCESE OF RICHMOND

Name of Requesting Agency or Individual: _____ Agency Code **7362**

Address: _____

Street City State ZIP Telephone # (____) _____

Attention _____

Purpose of Search: Foster Parent _____ Adoptive Parent _____ Babysitter/Family Day Care _____ Day Care Center _____
 School Personnel _____ Institutional Employee _____ Other Employment _____ Other _____ Explain: _____
 Custody Evaluation _____ CASA _____ Volunteer _____

Part II: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

Identifying Information

LAST NAME FIRST FULL MIDDLE MAIDEN / BIRTH NAME

Social Security# _____

SEX RACE BIRTHDATE LAST NAMES FROM PREVIOUS MARRIAGES

All other names by which individual has been known _____

(Nicknames, Previous Married Names)

Current Address _____

STREET CITY STATE ZIP DATES

Prior Addresses and Dates _____

STREET CITY STATE ZIP DATES

STREET CITY STATE ZIP DATES

Current Spouse _____

Last Name First Full Middle Maiden Sex Race Birthdate

Previous Spouse _____

Last Name First Full Middle Maiden Sex Race Birthdate

Full Names of all Children (Include Adult children, step, foster and children not living with you. Attach additional paper if needed)

Last First Full Middle Sex Race Birthdate Last First Full Middle Sex Race Birthdate

Last First Full Middle Sex Race Birthdate Last First Full Middle Sex Race Birthdate

Last First Full Middle Sex Race Birthdate Last First Full Middle Sex Race Birthdate

Part III: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to **Section 2.2-3806** of the *Code of Virginia*, I authorize the release of personal information regarding me which as been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of Founded child Abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature

CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

CENTRAL REGISTRY FINDINGS

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. This form should be returned with the following questions answered:

Worker: _____

Date: _____

2. Based on information provided by local departments of Social Services, we have determined that _____

_____ is listed in the Central Registry of Founded Child Abuse/Neglect Investigations with a Founded

disposition of child abuse/neglect. For more detailed information, contact the _____

Department of Social Services at _____

Street

City

State

_____ in reference to Child Protective Service case/File# _____

Telephone

3. _____ As of this date, the individual whose name was being searched is NOT identified in the Central Registry of Founded Child Abuse/Neglect Investigations as an involved caretaker with a Founded disposition of child abuse/neglect.

Signature of worker completing search: _____

Date: _____