New Mexico Children Youth & Families Department
Protective Services / Foster Care & Adoptions Bureau / CRC Unit

Out of State Child Abuse & Neglect Check for Prospective Foster / Adoptive Parent

***** Form shall by typed. Form will be rejected if information is missing.***
We need original signed and notarized form mailed into our office. **

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Foster and/or Adoptive parent. I understand that the check will be used in consideration of my suitability to be a Foster and/or Adoptive parent. I release the NMCYFD from liability and other wise hold CYFD harmless. The Department has my permission to provide the results to:

*** Agency Name** ND DHS CFS **Contact Name** TARA REED **Ph.Number** (701) 328-1846

*** Mailing Address** 600 EAST BLVD AVE DEPT 325 *** City** BISMARCK *** State** ND *** Zip** 58505

APPLICANT INFORMATION

List your birth / legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

Form will be rejected if fields are left blank.

*** First Name** *** Middle Name** No initials. If none then NMN. *** Last Name**

***Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc.** If none then N/A. Do not leave blank.

*** Social Security Number** 9 digits *** Date of Birth** mm/dd/yyyy

*** Physical Address** *** City** **State** **Zip Code**

*** Place of Birth** City, State **Phone Number**

Current Spouse / Significant Other: List the full name, DOB and SSN. If none please indicate N/A in the name field.

*** Full Name** *** DOB** mm/dd/yyyy *** SSN**

Previous Spouse / Significant Other: List the full name, DOB (if known) and SSN (if known). If none please indicate N/A in the name field.

*** Full Name** **DOB** mm/dd/yyyy **SSN**

Full Name **DOB** mm/dd/yyyy **SSN**

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s). If none please indicate N/A in the first name field only.

*** Full Name** *** DOB** mm/dd/yyyy

Full Name **DOB** mm/dd/yyyy

Full Name **DOB** mm/dd/yyyy

Full Name **DOB** mm/dd/yyyy

Full Name **DOB** mm/dd/yyyy

Please list all previous street addresses where you have lived at any time during the past 5 yrs. Please include New Mexico address(s). Should you need additional space please add a separate piece of paper with the requested information below. Please have applicant sign and date additional page(s).

*** Street Address** *** City, State** *** Yr(s) resided**

Street Address **City, State** **Yr(s) resided**

Under penalty of perjury, I certify that the above statements to be true and complete to the best of my knowledge.

_____ _____
Applicant Signature Date

Subscribed and sworn before me this_____day of _____20____

_____ My Commission Expires:
Notary Public Signature and **(SEAL)**