

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES

REQUEST FOR SEARCH OF THE CENTRAL REGISTRY
AND RELEASE OF INFORMATION FORM

INSTRUCTIONS:

1. Please 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 identity and sign Part III in the presence of a Notary Public.
4. Enclose \$5.00 **money order, company check/business check or cashier's 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: Virginia Department of Social Services
Child Protective Services Central Registry Search
7 N. Eighth Street., 4th Floor
Richmond, Virginia 23219
6. Search results disseminated beyond the requesting agency/individual named below should **not be considered official**.

PART I: TO BE COMPLETED BY REQUESTING AGENCY/INDIVIDUAL

Name of Requesting Agency or Individual: Catholic Diocese of Richmond/Church of the Incarnation Agency Code 7362

Address: 1456 Incarnation Drive Charlottesville Va 22901
STREET CITY STATE ZIP

Attention: _____ Telephone # (____) _____

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

PART II: TO BE COMPLETED 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

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 children, foster children, children not living with you. Attach additional page if needed):

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 2.1-382 of the *Code of Virginia*, I authorize the release of personal information regarding me which has 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 ACKNOWLEDGMENT OF INDIVIDUAL

City/County of _____

Commonwealth//State of _____

Acknowledged before me this _____ day of _____, 20__

Notary Public Signature

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 ZIP Telephone Number

in reference to **Child Protective Services Case/File/Referral #:** _____.

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: _____

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