

## **Information sheet for Family Rootz**

This information will be used to apply for

- Department of child services statewide background check
- Local criminal check with the state of Indiana

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Gender at birth: \_\_\_\_\_

State born in: \_\_\_\_\_ Country born in: \_\_\_\_\_

Has gender changed: \_\_\_\_\_

Race: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Any other names you have gone by: \_\_\_\_\_

Current address: \_\_\_\_\_

Date moved in: \_\_\_\_\_

Indiana addresses back to 1988 include address and county with dates

Payment information for local background check

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Exp. \_\_\_\_\_ code \_\_\_\_\_

Signed consent to run these checks and payment: \_\_\_\_\_

Date: \_\_\_\_\_