

ARIZONA DEPARTMENT OF CHILD SAFETY
 Child Safety Central Registry, Site Code C010-19
 P.O. Box 6030 • Phoenix, AZ 85005-6030
 EMAIL: DCSCentralRegistry@azdcs.gov

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 the EMAIL address listed above.

ADOPTIVE PARENT'S NAME (<i>Last, First, Middle</i>)	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 (<i>Last, First, Middle</i>)	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 (<i>Last, First, Middle</i>)	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 (<i>Last, First, Middle</i>)	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 (<i>Last, First, Middle</i>)	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 minor children living in household*).
Adult children living in the household must be listed as an Other Adult above.

CHILD'S NAME (<i>Last, First, Middle</i>)	DATE OF BIRTH
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CHILD'S NAME (<i>Last, First, Middle</i>)	DATE OF BIRTH
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CHILD'S NAME (<i>Last, First, Middle</i>)	DATE OF BIRTH
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CHILD'S NAME (<i>Last, First, Middle</i>)	DATE OF BIRTH
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I certify that all information provided is true and accurate to the best of my knowledge.

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

NAME AND ADDRESS OF AGENCY TO RECEIVE INFORMATION FROM CENTRAL REGISTRY <i>(THIS BLOCK MUST BE COMPLETED)</i>	TO BE COMPLETED BY DCS PERSONNEL	
	Central Registry information checked: _____	
	<input type="checkbox"/> There are no substantiated reports. <input type="checkbox"/> _____ Report(s) attached.	
	RID: _____	
	SIGNATURE OF PERSON CHECKING CENTRAL REGISTRY	DATE

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