



the **Episcopal Diocese of Eastern Michigan**

924 N. Niagara St. • Saginaw, MI 48603 • (989) 752-6020 • Fax (989) 752-6120

CRIMINAL HISTORY CHECK FORM

1. Name (including previous married, maiden or assumed names):

first *middle* *last*

2. All other names used: _____

3. Residence addresses (for past ten years):

4. Date of birth: _____

5. Place of birth: _____

6. Sex: _____

7. Social Security Number: _____

8. Driver's License Number: _____ State: _____

9. Have you ever been convicted of a felony or a misdemeanor? **No** _____ **Yes** _____

If yes please explain (include dates and locations)

10. Name of Organization requesting background check: _____

Address of Organization: _____ in _____

organization *community*

I give The Diocese of Eastern Michigan permission to verify my criminal history with any organization with responsibility for maintaining criminal records. I release the above parties from all liability resulting from this disclosure. I declare that the contents of this form have been examined by me and are true to the best of my information, knowledge and belief.

signature

*date**

*This release is effective for one (1) year from the above date.

Please complete and return this form to:

**Diocesan Administrator
Diocese of Eastern Michigan
924 N. Niagara St.
Saginaw, MI 48602**

Date Background Check Completed

Check Processed by:

Accepted & Reviewed by