



# *the* **Episcopal Diocese of Eastern Michigan**

924 N. Niagara St. • Saginaw, MI 48602 • (989) 752-6020 • Fax (989) 752-6120

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## 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*