STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2503
February 2017

DCYF CENTRAL REGISTRY NAME SEARCH AUTHORIZATION
Child Development Bureau

I hereby request the New Hampshire Department of Health and Human Services (DHHS) to conduct a name search to determine if I am listed on the Department's Central Registry of founded reports of child abuse and neglect. My full legal name, other names I have used in the past and other identifying information are listed below.

CURRENT FULL LEGAL NAME (please print legibly): _____

OTHER NAMES I HAVE USED, INCLUDING MAIDEN NAME (if applicable): _____

_____

DATE OF BIRTH _____ **TELEPHONE NUMBER** _____
month day year

CURRENT MAILING ADDRESS _____

I acknowledge that the results of this search can only be released to myself or a Child Day Care, Residential Care, and Child-Placing Agency pursuant to NH RSA 170-E, the Department of Health and Human Services pursuant to NH RSA 170-G:8-c, or another state's Child Welfare Agency or Private Adoption Agency pursuant to NH RSA 169-C:35. I understand and authorize the results of this search to be provided to the person/agency listed below if in compliance with the aforementioned laws. Any entity listed below that is not governed under these laws will not be sent the results.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN
(if person signing is under age 18) _____ **DATE:** _____

NAME AND ADDRESS OF PERSON AND AGENCY TO RECEIVE RESULTS DCYF-Child Development Bureau

129 Pleasant Street	Concord	NH	03301
number and street name	*city or town*	*state*	*zip code*

State of _____, County of _____, ss.

On this the _____ day of _____, 20 _____, before me, _____, the undersigned officer,
(*name of* notary)
personally appeared _____, known to me (or satisfactorily proven) to be the person described
(*name of person)*
above, and acknowledged this instrument.

Signature of notarial officer: _____ My commission expires on: _____
In witness whereof I hereunto set my official seal.

For Official Use only

Mail form and **a self-addressed stamped envelope** to:

Division for Children, Youth and Families
Child Development Bureau
129 Pleasant Street
Concord, NH 03301