



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Children and Families
 600 Washington Street, Sixth Floor
 Boston MA 02111
 www.mass.gov/DCF

MAURA T. HEALEY
 Governor

KATE WALSH
 Secretary

KIMBERLEY L. DRISCOLL
 Lieutenant Governor

STAVERNE Y. MILLER
 Acting Commissioner

Adam Walsh/ Child Protective Service (CPS) Background Record Request Form

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I, _____, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

 APPLICANT SIGNATURE

 DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

**Diocese Of Fall River – Office of Safe Environment
 450 Highland Avenue, Fall River, MA 02720**

AGENCY / ORGANIZATION NAME AND ADDRESS Email

to: lynn.medeiros@dioc-fr.org and
Cshipp@dioc-fr.org

 LAST NAME

 FIRST NAME

 MIDDLE NAME

 MAIDEN NAME OR ALIAS (IF APPLICABLE)

 DATE OF BIRTH

 PLACE OF BIRTH

 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

 MOTHER'S MAIDEN NAME

**All requests must be notarized, excluding Law enforcement Agencies /Sherriff Departments and State Child Welfare Agencies.
 All organizations and individuals can either email, fax or mail requests.**

Scan/email to: MA.CPS.CHECK@MassMail.State.MA.US
 Mail to: Massachusetts Department of Children and Families
 Attn: Background Record Check Unit
 2 Boylston Street, 5th Floor
 Boston MA 02111
 Fax to: 617-748-2441 Questions: 857-338-3030

Official Use ONLY:

Substantiated Report(s) has (have) been located in Massachusetts involving the above-named individual.

Please contact _____ for further information.

No Record has been Found in this state involving the above-named individual.

 Title of Person Completing Registry Check

 Signature

 Date

**Notarial Certificate
Acknowledgement Certificate
Commonwealth of Massachusetts - County of Bristol**

On this _____ day of _____, 20____,

Before me, _____ the undersigned Notary Public,
Name of Notary Public

personally appeared _____,
Applicants Name

proved to me through satisfactory evidence of identification, which

were _____, to be the person whose name is
type of Identification

signed on the preceding form (Adam Walsh/Child Protective Service (CPS)
Background Record Request) and acknowledged to me that he/she signed it
Voluntarily for its stated purpose.

Notary Public Signature

My Commission Expires

Date

SEAL: