



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
Office of the General Counsel
Background Record Check Unit

**Department Central Registry Record Request
for Child Placement, Employment or Licensure**

Purpose: ☒ Employment ☐ Licensing ☐ Other (Please Explain): _____

Requestor Information:

DIOCESE OF FALL RIVER - Office of Safe Environment

Requestor Name

450 Highland Avenue Fall River, MA 02720

Requestor Address

Lynn M. Medeiros

508-676-8943

lynn.medeiros@dioc-fr.org

Contact Person Name (if different from above)

Phone Number

Email Address

Applicant/Employee Information:

Last Name

First Name

Middle Name

Date of Birth

Place of Birth

Last 4 Digits of Social Security Number

Mother's Maiden Name

Applicant/Employee Phone Number

Applicant/Employee Email Address

All Prior First, Middle, Last Names or Nicknames Used:

Current Home Address and Any Prior Addresses in the Past 5 Years:

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Street Address

City, State and Zip Code

Applicant/Employee Consent:

I, _____, (Applicant/Employee Name) authorize the Department of Children and Families to:

- search its Central Registry of Child Abuse/Neglect to determine if there are any supported reports of child abuse and/or neglect involving me and inform the requestor of the result; and
- if there are any supported reports involving me, provide copies of the reports to the requestor.

I certify that the information above is correct.

Signature

Date

Requestor Certification:

I, _____, (Name of Staff Member/Requestor), certify that the applicant/employee named on page 1 has provided proof of their identity and that the applicant/employee information above is correct to the best of my knowledge based on the proof of identity provided.

I understand that the Department will search its Central Registry based on the information provided by the applicant/employee and that search results will be limited to exact matches to the provided information.

I request that the results of this Central Registry Check are returned by: ☒ Secure Email or ☐ Mail

Staff Signature

Date

Department of Children and Families Official Use Only:

☐ Supported Report(s) have been found in Massachusetts involving the above-named individual based on an exact match of the information provided on the request form. Copies of all supported reports are attached.

☐ No Record of supported reports has been found in Massachusetts involving the above-named individual.

Signature

Date