



**Arkansas Department of Human Services  
Division of Child and Family Services  
Request for Child Maltreatment Central Registry Check**

**Reason for Registry Check:** None of the above applies, but you would like a registry check

**APPLICANT INFORMATION**

**Applicant Name:** **SSN:**  
**Maiden/Other Names:** **Race:**  
**Age:** **DOB:** **Phone:**  
**Email:** **Email2:**  
**Present Address:** **Years at Present Address:**

**Past Address 1:** **Years at Past Address 1:**

**Past Address 2:** **Years at Past Address 2:**

**Past Address 3:** **Years at Past Address 3:**

**Past Address 4:** **Years at Past Address 4:**

**Consent for Minor:**

**CHILD INFORMATION**

**Child 1:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 2:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 3:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 4:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 5:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 6:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 7:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 8:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 9:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 10:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 11:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 12:**  
**SSN:**  
**DOB:**  
**Relationship:**

**NOTARY SECTION**

I, \_\_\_\_\_, verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Registry to release any information their files may contain concerning me as an offender or of a true report of child maltreatment to the requesting facility as well as to the Arkansas Department of Human Services Division of Provider Services and Quality Assurance. The results from the Central Registry may include the existence of any true reports, the date the investigation was completed, and the type of true report.

\_\_\_\_\_  
Applicant's Signature and Date

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_ Acknowledges before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES:  
\_\_\_\_\_