



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-4451 1-800-852-3345 Ext. 4451
 FAX: 603-271-4729 TDD Access: 1-800-735-2964

John A. Stephen
 Commissioner

Maggie Bishop
 Director

RECREATION
CENTRAL REGISTRY NAME SEARCH AUTHORIZATION

I hereby request the NH 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 abuse and neglect. I understand if there is any information to that effect, I will be contacted at the address listed below.

Signature: _____ Date: _____

Printed Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Other names I have previously used: _____

Contact Information: Address: _____ Phone: _____

Notary:

State of _____

County of _____

This instrument was acknowledged before me on _____ by

Signature of notarial officer: _____

Name of Camp

IMPROPERLY COMPLETED FORMS CANNOT BE PROCESSED. PLEASE REVIEW THIS FORM CAREFULLY BEFORE SUBMITTING.