

Central Registry Information Request

Please print or type.

GAL Form 6
9/15/07

I hereby request the New Hampshire Division of Children, Youth and Families of the New Hampshire Department of Health and Human Services provide information as to any founded reports of child abuse or neglect naming me as the person responsible for the abuse or neglect.

Name _____

Maiden Name (if applicable) _____

Other names you have used during the last 7

Years _____

Date of Birth _____

Contact Information: Address

Phone Number _____

_____ Signature

Date

State of _____

County of _____

Signed or attested before me on this ____ day of _____, 20____
by _____.

Signature of Notarial Officer

[seal]

Title (and rank)

My Commission Expires: _____

Mail form and a self-addressed stamped envelope to:

NH DCYF – Central Registry
129 Pleasant St.
Concord, NH 03301

NOTE: The use of this form is not required. DCYF will process any written requests as long as they contain the information detailed above and the signature has been notarized.