



**CENTRAL REGISTRY NAME SEARCH AUTHORIZATION  
RELEASE OF INFORMATION TO THIRD PARTY**

I hereby request the NH Department of Health and Human Services (NH DHHS) to conduct a name search to determine if I am listed on the state child abuse and neglect Central Registry of founded reports. My full name, other names I have used in the past, and other identifying information are listed below.

**Current Full Name** (please print): \_\_\_\_\_

**Maiden Name** (if applicable): \_\_\_\_\_

**Other names I have previously used:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
*month day year*

I understand that the results of the search will be sent to the person/agency at the address listed below:

**Name and address of person/agency to receive results:** \_\_\_\_\_

\_\_\_\_\_ *number and street name* \_\_\_\_\_ *city or town* \_\_\_\_\_ *state* \_\_\_\_\_ *zip code*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer,  
*(name of notary)*  
personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person described  
*(name of person)*  
above, and acknowledged this instrument.

Signature of notarial officer: \_\_\_\_\_ My commission expires on: \_\_\_\_\_

In witness whereof I hereunto set my official seal.

**Return form with self-addressed stamped envelope to:**

NH Division for Children, Youth, and Families  
Central Registry, Brown Building – 4<sup>th</sup> floor  
129 Pleasant Street Concord, NH 03301