



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC SAFETY

### State Police Bureau of Identification

1111 Country Club Road

P. O. Box 2794

Middletown, CT 06457-9294

## CRIMINAL HISTORY CONVICTION INFORMATION REQUEST

(Please type or print clearly. Copies of this form may be used.)

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Print Full Name and Date of Birth (Maiden Name if Applicable) of Each Subject.
2. Enclose a Check or Money Order Payable to "Commissioner of Public Safety".  
Total amount remitted must equal \$25. Dollars for Each Name Search Requested.
3. Address all requests Attention: "State Police Bureau of Identification".  
Mail requests to the above address.
4. Copies of this form can be found on our web site: [www.state.ct.us/dps/](http://www.state.ct.us/dps/)

				mo da yr / /
Subject's Last Name	First	MI	(Maiden)	Date of Birth

				mo da yr / /
Subject's Last Name	First	MI	(Maiden)	Date of Birth

				mo da yr / /
Subject's Last Name	First	MI	(Maiden)	Date of Birth

\*\*\*\*\*This inquiry will be based on Name and Date of Birth Only and Does Not include Motor Vehicle Violations.\*\*\*\*\*

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