

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Protective Services Central Registry, 050C-3
P.O. Box 44240 • Phoenix, AZ 85064-4240

ADOPTIVE FAMILIES CENTRAL REGISTRY RECORDS CLEARANCE

Child Protective Services (CPS) records are confidential and can be released only to those individuals permitted by state (A.R.S. § 8-807) and federal law. This form is to be completed for all household members. The requested information will be used to check the Child Protective Services Central Registry for any history of prior reports. Mail to address above.

ADOPTIVE FATHER'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED

ADOPTIVE FATHER'S ADDRESS (*No., Street, City, State, ZIP*)

ADOPTIVE MOTHER'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (*Include maiden name and prior married names*)ADOPTIVE MOTHER'S ADDRESS (*No., Street, City, State, ZIP*)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (<i>Last, First, Middle.</i>)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (*Include maiden name and prior married names*)OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (*No., Street, City, State, ZIP*)

OTHER ADULT HOUSEHOLD MEMBER'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE	SOC. SEC. NO.
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OTHER NAMES USED (*Include maiden name and prior married names*)OTHER ADULT HOUSEHOLD MEMBER'S ADDITIONAL ADDRESS (*No., Street, City, State, ZIP*)

Children's Names (*Include birth, adopted and any other children living in household*)

CHILD'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE
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CHILD'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE
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CHILD'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE
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CHILD'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE
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CHILD'S NAME (<i>Last, First, Middle</i>)	BIRTHDATE
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I certify that all information provided is true and accurate to the best of my knowledge.

ADOPTING FATHER'S SIGNATURE	DATE
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ADOPTING MOTHER'S SIGNATURE	DATE
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OTHER ADULT HOUSEHOLD MEMBERS' SIGNATURE	DATE
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NAME OF AGENCY REQUESTING CENTRAL REGISTRY RECORDS CLEARANCE	AREA CODE AND PHONE NO.	DATE
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CASE MANAGER'S SIGNATURE	DATE
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NAME AND ADDRESS OF AGENCY TO RECEIVE INFORMATION FROM CENTRAL REGISTRY (**THIS BLOCK MUST BE COMPLETED**)

TO BE COMPLETED BY CPS PERSONNEL

Central Registry information checked _____

 There were no substantiated reports. _____ report(s) attached

SIGNATURE OF PERSON CHECKING CENTRAL REGISTRY	DATE
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