

***Gulf Coast Women's
Center for Nonviolence, Inc.***

www.gcwcfn.org

To: Mississippi Department of Human Services
Division of Family & Children Services
Child Abuse Central Registry
P.O. Box 352
Jackson, MS 39205

*P.O. Box 333
Biloxi, MS 39533
(228) 435-1968 Crisis Line
(800) 800-1396 Crisis Line
(228) 436-3809 Office
(228) 435-0513
Fax*

From: Gulf Coast Women's Center for Nonviolence
P.O. Box 333
Biloxi, MS 39533
228-436-3809

Last First MI Maiden Aliases

Social Security Number: _____ Date of Birth: _____

Applicant's Telephone Number: () _____

Applicant's Mailing Address: _____

Applicant's Physical Address: _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse and Neglect Central Registry background check.

Applicant's Signature Date

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security Card and Driver's License. I understand that this information must be kept confidential with my agency.

Signature of Witness Date
(Witness must be a representative of BGCGC)

This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry

_____ The following information was found in the Central Registry

Signature of MDHS Representative Date