

**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)

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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