Diocese of Gary - Request for INDIANA Limited Adult Criminal History Information

ALL INFORMATION MUST BE TYPED OR PRINTED.

Full *Legal* Last Name_____

Full *Legal* First Name_____

Full *Legal* Middle Name_____

Date of Birth _____/_____/_____ **Gender:** ☐ **Male** ☐ **Female**
Month Day Year

Race: ☐ **American Indian/Alaskan** ☐ **Asian/Pacific** ☐ **Black**
(in accordance with Indiana State Police categories) ☐ **Multi-Racial** ☐ **White**

Street Address_____

City_____ **State**_____ **Zip Code**_____

Parish/School Affiliation _____

City _____

I am involved in my diocese/parish/school as a: (Choose primary involvement)

☐ **Volunteer** (**non-salaried person** - ex. parent volunteer, chaperone, catechist, aide, youth minister, coach)

☐ **Parish Employee** (**salaried person employed by parish** - ex. rectory personnel, secretary, Business Manager, parish minister, DRE, youth minister, parish/school support staff)

☐ **Educator** (**salaried teacher/principal** in a diocesan Catholic school)

☐ **Candidate for ordination** (seminarians, candidates for seminary, candidate for deaconate over age of 18)

☐ **Clergy** ☐ **Deacon** ☐ **Parent** ☐ **Diocesan Employee** (Pastoral Center Employee)

I authorize the Diocese of Gary to submit the above information for an Indiana Limited Adult Criminal History Background Check to the Indiana State Police. There is no fee for this service.

_____ _____
Signature **Date**

All information on this form will be kept strictly confidential.

OFFICE USE:
Please return this form to: _____

Revised 9/1/2009