



Diocese of Gary
HR/ Benefits Office

9292 Broadway, Merrillville, IN 46410
219-769-9292, ext.292
FAX 219-650-4265

**Request for INDIANA Limited Adult
Criminal History Information**
**ALL INFORMATION MUST
BE TYPED OR PRINTED**

Full Legal Last Name _____ First Name _____ Middle Name _____

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

Race: American Indian/Alaskan Asian/Pacific Black Multi-Racial White
 Hispanic

Street Address _____

City _____ State _____ Zip Code _____

Parish/School Affiliation(s) _____ City _____

Phone Number _____

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

Volunteer (non-salaried person) Parish Ministry Parent Volunteer Youth Ministry
 DRE Catechist Catechist Aide Coach _____

Parish/School Employee (person employed by parish/school who are paid a wage) Rectory personnel
 DRE Pastoral Associate/Parish Ministry Business Manager Youth Ministry Coach
 parish/school support staff Parish/School Secretary

Educator (salaried teacher/principal in a Diocese of Gary Catholic school)

Candidate for ordination (seminarians, candidates for seminary, candidate for diaconate over age of 18)

Clergy **Deacon** **Diocesan Employee** (Diocese of Gary 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.

This form is submitted by: _____

Parish/School: _____