

1 Will you have contact with children under a	age 19?
☐ Yes, complete this form ☐ No, do not complete this form. We	·
We are authorized to search the Nova Scotia Child Abuse Registresults are for Nova Scotia only.	ster only if you have contact with children under the age of 19. Search
2 Give your personal information (please print)	
Last name:	First name:
Middle names:	Last name at birth:
All other names during your lifetime:	
Commonly used names, nicknames, aliases:	
Date of birth (dd/mm/yyyy):	Gender: □ Male □ Female □ Transgender
Health card number:	Drivers license master number:
Current mailing address:	Apt/Unit #:
City:	Postal Code:
Phone: Home (xxx-xxx-xxxx):	Cell (xxx-xxx-xxxx):
Are you a current or former resident of Nova Scotia? $\Box$ Yes $\Box$	No
3 Attach photocopy to prove your identity	
Include proof of your identity. Attach a photocopy of your valid C	Canadian: ☐ Driver's license, ☐ Health card or ☐ Passport
If you do not have proof of your identity, please contact us at the	e number listed at the bottom of this form.
4 Sign the request and certification	
Please confirm that my name is not entered in the Nova Scotia	Child Abuse Register.
I certify that the information given on this form is correct.	
Signature:	Date(dd/mm/yyyy):
5 Send the form to us	For staff use only

## **Private and Confidential**

Child Abuse Register Department of Community Services P.O. Box 696 Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

For staff use only		
As of this date, the above HAS NOT been	entered in the Child Abuse Register.	the name of
☐ Consent withdrawn by applicant		
Authorized signature:		
Certified by the Department of Community Services Child Abuse Register (stamp)		

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