

## Child Abuse Register Request for Search (Form A)

1 Will you have contact with children under age 16?	
☐ Yes Complete this form. ☐ No Do not c	complete this form. We cannot search the register for your name.
We are authorized to search the Nova Scotia Child Abuse Fresults are for Nova Scotia only.	Register <b>only if</b> you have contact with children under the age of 16. <b>Search</b>
2 Give your personal information (please pri	int)
Last name:	First name:
Middle names:	Last name at birth:
All other last 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:	
	Postal Code:
	Cell (xxx-xxx-xxxx):
How long have you lived in Nova Scotia?	years months
Include proof of your identity. Attach a photocopy of your valif you do not have proof of your identity, please contact us a   4 Sign the request and certification	alid Canadian: Driver's license or Health card at the number listed at the bottom of this form.
Please <b>confirm</b> that my name is not entered in the Nova Scotia Child Abuse Register. I <b>certify</b> that the information given on this form is correct.	
Signature:	Date:
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	<ul> <li>☐ As of this date, the name of the above HAS NOT been entered in the Child Abuse Register.</li> <li>☐ Consent withdrawn by applicant</li> <li>Authorized signature:</li> </ul>
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.	Certified by the Department of Community Services Child Abuse Register
Questions? Call 902-424-6798	(stamp)

www.novascotia.ca/coms CAR-4001 29092014 V.07