



Protective Services / Foster Care & Adoptions Bureau Criminal Records Check (CRC) Unit CRC APPLICATION

Please use the Tab Key to Navigate the form. All required fields shall be typed.

CYFD Field Office shall scan and e-mail the

1. CRC Application and
2. Fingerprint Submission Receipt

* Denotes required fields.

to: CYFD.PSCriminalReco@state.nm.us

Application will be rejected if information is missing or left blank.

CYFD Foster Care Fingerprint Registration Information

Choose the following ORI when registering applicants: **ORI:NM920120Z - 32A-15-3 FOSTERCARE**

Registration ID#: NM

CYFD OFFICE INFORMATION

- * Contact Person
- * E-mail Address
- * Mailing Address
- * City
- * Phone #
- * County
- NM
- * Zip

APPLICANT INFORMATION

- * Last Name
- * First Name
- * Middle Name **if none then NMN**
- * Aliases / AKA / Maiden, Nickname, Jr. Sr. etc. **if none then N/A**
- * Social Security Number
- * Date of Birth mm/dd/yyyy
- * Place of Birth (city, state)
- * Physical Address (include apartment #, unit etc.)
- * City
- * Zip
- * Phone#:
- NM
- * Citizenship
- * Race
- * Height
- * Weight
- * Sex
- Female
- Male
- * Eye Color
- * Hair Color

Should you have questions please contact the CRC Unit at
505-827-8400 or e-mail us at CYFD.PSCriminalReco@state.nm.us