



New Mexico Children Youth & Families
Department **Child Abuse & Neglect Check**
for Prospective Foster / Adoptive Parents

Please use the Tab Key to Navigate form.
***Required Fields shall be typed.**

I hereby authorize the NM Children Youth & Families Department (CYFD) to check for allegations of child abuse and neglect made against my name(s) and to check records for prior applications to become a Foster / Adoptive Parent. I understand that the check will be used in consideration of my suitability to be a Foster / Adoptive Parent. I release the NMCYFD from liability and other wise hold CYFD harmless. The Department has my permission to provide the results to:

*Agency Name:

* Mailing Address:

* City:

* State

* Zip :

APPLICANT INFORMATION

List your birth/legal name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used.

Please spell out every name, no initials. **If no Aliases please put N/A. If no middle name please indicate NMN. Form will be rejected if fields are left blank.**

* First Name:

* Middle Name

* Last Name:

* Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc.

* Social Security #

* Date of Birth (mm/dd/yyyy)

* Physical Address:

* City

* State:

* Zip :

* Place of Birth (city, state)

* Phone Number :

Current Spouse / Significant Other: List the full name, date of birth and Social Security Number. **If none please indicate N/A in name field.**

* Full Name:

* DOB:

* SSN:

Previous Spouse / Significant Other: List the full name, date of birth (if known) and Social Security Number (if known). **If none please indicate N/A in the name field.**

* Full Name:

* DOB:

* SSN:

Full Name:

DOB:

SSN:

Please list the full name(s) of any birth, adoptive, foster, step or other children who have lived in your home. **Should you need additional space please add a separate piece of paper with the requested information below. If none please indicate N/A in the first name field only.**

* Full Name:

* DOB:

Full Name:

DOB:

Full Name:

DOB:

Full Name:

DOB:

Please list all previous street addresses where you have lived at any time during the past 5 yrs. **Please include New Mexico address(s). Should you need additional space please add a separate piece of paper with the requested information below.**

* Street Address:

* City, State

* Yr(s) resided

Street Address:

City, State

Yr(s) resided

Under penalty of perjury, I certify that the above statements to be true and complete to the best of my knowledge.

Applicant Signature

Date

Subscribed and sworn before me this _____ day of _____ 2017.

Notary Public Signature (SEAL)

My Commission Expires: