



CYFD 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.

The following documentation shall be sent to the CRC Unit [via mail](#).

Mail Forms to: CYFD Protective Services
CRC Unit Room 225
P.O. Drawer 5160
Santa Fe, NM 87502

1. CRC Application
2. Fingerprint Submission Receipt
Please do not send us the registration receipts.
3. Original Signed and Notarized Abuse & Neglect Form

Applications will be rejected if information is missing or required fields are left blank.

Foster Care Fingerprint Registration Information

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

Registration ID#

Treatment Foster Care / Child Placement Agency Information

* Agency Name:

* Contact Person:

* Phone #

* Mailing Address:

* City: 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

* City

* Zip

NM

* Citizenship

* Race

* Height

* Weight

* Phone #:

* Eye Color

* Hair Color

* Sex
Female
Male

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