

1 Will you have contact with children under age 16?

Yes, complete this form No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only if** you have contact with children under the age of 16. **Search results are for Nova Scotia only.**

2 Give your personal information (please print)

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: _____ Apt/Unit #: _____
City: _____ Postal Code: _____
Phone: Home (xxx-xxx-xxxx): _____ Cell (xxx-xxx-xxxx): _____
Are you a current or former resident of Nova Scotia? Yes No

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license, Health card or Passport

If you do not have proof of your identity, please contact us at the 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: _____

5 Send the form to us

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 name of the above **HAS NOT** been entered in the Child Abuse Register.

Consent withdrawn by applicant

Authorized signature: _____

Certified by the Department of Community Services
Child Abuse Register
(stamp)

