

BCI

FBI

BCI and FBI

**Personal Information (please print)**

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

State/Province \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_

Email Address \_\_\_\_\_

Complete this portion only if an FBI background check is needed:											
Sex	_____	Race	_____	Height	_____	Weight	_____	Eyes	_____	Hair	_____

Reason for background check: Out of Home Child Care, Foster Parents, Adoptive Parents and all individuals 18 and over residing at home. (2151.86)

Direct Copy to (circle only one):

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

Ohio Department of Insurance

Address for results to be mailed to:

Regina Quinn  
Diocese of Columbus  
197 East Gay Street  
Columbus, OH 43215-3229

OPOTA

None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to Diocese of Columbus. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ (date) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants only) \_\_\_\_\_

**By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**