

CRIMINAL HISTORY RECORD INFORMATION

CONSENT FORM

**MUST ATTACH COPY OF DRIVERS LICENSE
MUST BE NOTARIZED
(Please sign in front of Notary.)**

I _____ social security _____ consent to fingerprinting and/or G.C.I.C criminal history check by law enforcement agencies.

HOME ADDRESS

CITY

STATE

ZIP

D.O.B.

PLACE OF BIRTH

RACE

S/GENDER

HEIGHT

WEIGHT

EYES

HAIR

APPLICANT SIGNATURE

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF ____, 20__

NOTARY PUBLIC _____, GEORGIA MY COMMISSION

EXPIRED _____

CRIMINAL HISTORY REQUESTED BY:

Jackson United Methodist Church, 409 East Third Street, P.O. Box 1880, Jackson, GA 30233