



New Mexico Children Youth & Families Department  
Protective Services / Foster Care & Adoptions Bureau / CRC Unit  
**Out of State Child Abuse & Neglect Check for Prospective Foster / Adoptive Parent**

**\*\* Form shall be typed. Form will be rejected if information is missing.  
We need original signed and notarized form mailed into our office. \*\***

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 and/or Adoptive parent. I understand that the check will be used in consideration of my suitability to be a Foster and/or 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     | Contact Name | Ph.Number     |
| * 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.

**Form will be rejected if fields are left blank.**

|              |   |             |
|--------------|---|-------------|
| * First Name | * Middle Name <small>No initials. If none then NMN.</small> | * Last Name |
|--------------|---|-------------|

\* Aliases, AKA's, Madien Name, Nickname, Sr. Jr., etc. If none then N/A. Do not leave blank.

\* Social Security Number 9 digits

\* Date of Birth mm/dd/yyyy

|                    |        |       |          |
|--------------------|--------|-------|----------|
| * Physical Address | * City | State | Zip Code |
|--------------------|--------|-------|----------|

\* Place of Birth City, State

Phone Number

**Current Spouse / Significant Other:** List the full name, DOB and SSN. If none please indicate N/A in the name field.

|             |                                 |       |
|-------------|---------------------------------|-------|
| * Full Name | * DOB <small>mm/dd/yyyy</small> | * SSN |
|-------------|---------------------------------|-------|

**Previous Spouse / Significant Other:** List the full name, DOB (if known) and SSN (if known). If none please indicate N/A in the name field.

|             |                               |     |
|-------------|-------------------------------|-----|
| * Full Name | DOB <small>mm/dd/yyyy</small> | SSN |
| Full Name   | DOB <small>mm/dd/yyyy</small> | 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. Please have applicant sign and date additional page(s).** If none please indicate N/A in the first name field only.

|             |                                 |
|-------------|---------------------------------|
| * Full Name | * DOB <small>mm/dd/yyyy</small> |
| Full Name   | DOB <small>mm/dd/yyyy</small>   |
| Full Name   | DOB <small>mm/dd/yyyy</small>   |
| Full Name   | DOB <small>mm/dd/yyyy</small>   |
| Full Name   | DOB <small>mm/dd/yyyy</small>   |

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. Please have applicant sign and date additional page(s).**

|                  |               |                 |
|------------------|---------------|-----------------|
| * 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 \_\_\_\_\_ 20\_\_\_\_

Notary Public Signature and (SEAL)

My Commission Expires: