Children Youth & Families Department

Protective Services Division/Placement,
Prevention & Adoption Resource Bureau
Criminal Records Check Unit

Children, Youth & Families Department
STATE OF NEW MEXICO

CRC Application

***Form shall be typed. Form will be rejected if information is missing. ***

*Please ensure you are using the most updated forms. Vist **https://cyfd.org/for-providers/info-and-manuals** for further instructions and updated forms. Please follow all the directions. If you have any questions, please call (505)500-7310 or email us at CYFD.PSCriminalReco@cyfd.nm.gov.*

Fingerprint Registration Information

Choose the following ORI when registering applicants:

TCN # : you will receive this ID# after you have completed Step #2 registering your applicant to be fingerprinted.

Agency Information

***Type of Agency:** TFC **Applicant Status:**

***Court Docket:** **Court Name:** **TFC Status:** New

***Agency Name:** ***Contact Person:**

***Phone #:** ***E-mail:**

***Mailing Address:** ***City** **, NM** ***Zip**

Applicant Information

***First Name** ***Middle Name** No Initials. If none then NMN ***Last Name**

***Aliases / AKA / Madien Name, Jr., Sr., nick name(s) etc.** If none then N/A *** Place of Birth** City, State

***Social Security Number** 9 digits ***Date of Birth** mm/dd/yyyy ***Drivers License Information**

State **DL#**

***Physical Address** Include apartment / unit # if applicable ***City** ***Zip**

, NM

***Citizenship** ***Race** ***Height** ***Weight** ***Phone #**

***Eye Color** drop down box ***Hair Color** drop down box ***Sex** ○ **Female** ○ **Male**

The following documentation shall be Emailed to our office:

1. **CRC Application**
2. **Proof of Fingerprinting (TCN #)**
3. **Child Abuse & Neglect Form**

These documents shall be Emailed to:
CYFD.PSCriminalReco@cyfd.nm.gov