



INDIANA REQUEST FOR CHILD PROTECTION SERVICES (CPS) HISTORY CHECK
DEPARTMENT OF CHILD SERVICES
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Legal First Name _____

Legal Last Name _____

Legal Middle Name or Initial _____ Date of Birth _____

Suffix (if applicable) _____

No Middle Name

Social Security Number _____

Phone Number _____

Email Address _____

By checking this box, you are certifying that you do not have a legal middle name or initial

Race (check all that apply)

Gender at Birth Male Female American Indian Black Hispanic White Asian Other

Has your gender identity changed since birth? Yes No

Have you ever used any other name, including different first middle or last names or combination of names? Yes No

If yes, please list all other full names used below.

Applicant current residential address

Street Address _____ City _____

County (Indiana Residents Only) _____ Zip Code _____

Date moved in _____



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Applicant is required to list current residential address and complete all required fields for previous address dating back to January 1, 1988, or "date of birth", whichever is most recent

Example 1: Date of birth is 6/5/2000. Required address back to 6/5/2000.

Example 2: Date of birth is 3/16/1963. Required address back to 1/1/1988.

Previous addresses (listed from most recent to oldest)

Street Address _____ City _____

County (Indiana Residents Only) _____ Zip Code _____

Date Moved in _____ Date Moved out _____

Street Address _____ City _____

County (Indiana Residents Only) _____ Zip Code _____

Date Moved in _____ Date Moved out _____

Street Address _____ City _____

County (Indiana Residents Only) _____ Zip Code _____

Date Moved in _____ Date Moved out _____

Please explain special or unusual circumstances

Print Name of Applicant _____

Signature of Applicant _____

Date _____

Staff Use Only
Staff Completed Check-on Date