



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC SAFETY

State Police Bureau of Identification

1111 Country Club Road

P. O. Box 2794

Middletown, CT 06457-9294

CRIMINAL HISTORY CONVICTION INFORMATION REQUEST

(Please type or print clearly. Copies of this form may be used.)

Name of Requester: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Print Full Name and Date of Birth (Maiden Name if Applicable) of Each Subject.
2. Enclose a Check or Money Order Payable to "Commissioner of Public Safety". Total amount remitted must equal \$25. Dollars for Each Name Search Requested.
3. Address all requests Attention: "State Police Bureau of Identification". Mail requests to the above address.
4. Copies of this form can be found on our web site: www.state.ct.us/dps/

_____ mo da yr
 / /
 Subject's Last Name First MI (Maiden) Date of Birth

_____ mo da yr
 / /
 Subject's Last Name First MI (Maiden) Date of Birth

_____ mo da yr
 / /
 Subject's Last Name First MI (Maiden) Date of Birth

*****This inquiry will be based on Name and Date of Birth Only and Does Not include Motor Vehicle Violations.*****

Revised 10/1/98 PA 98-170
DPS-846-C