DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

219-769-9292
219-738-9034 Fax

Chancery/Pastoral Center

OUT OF STATE CRIMINAL BACKGROUND CHECK

NOTE: Please complete the Request for INDIANA Limited Adult Criminal History Information FIRST before completing this page!

(Complete this page ONLY if you have been a resident of Indiana for less than five (5) years.)

ALL INFORMATION MUST BE TYPED OR PRINTED.

Full *Legal* Last Name_____

Full *Legal* First Name_____

Full *Legal* Middle Name_____

Date of Birth_____/_____/_____ **Social Security Number**_____-_____-_____

Street Address_____

City_____ **State**_____ **Zip Code**_____

Parish/School Affiliation _____

City _____

I am involved in my diocese/parish/school as a: (Choose primary involvement)

- ☐ **Volunteer** (non-salaried person - ex. parent volunteer, chaperone, catechist, aide, youth minister, coach)
- ☐ **Parish Employee** (salaried person employed by parish - ex. rectory personnel, secretary, Business Manager, Youth Minister, parish minister, DRE, parish/school support staff)
- ☐ **Educator** (salaried teacher/principal in a diocesan Catholic school)
- ☐ **Candidate for ordination** (seminarians, candidates for seminary, candidate for deaconate over age of 18)
- ☐ **Clergy** ☐ **Deacon** ☐ **Parent** ☐ **Diocesan Employee** (Pastoral Center Employee)

I authorize the Diocese of Gary to submit the above information for a National Criminal Background Check for a fee of $5.00.

_____ _____
Signature **Date**

All information on this form will be kept strictly confidential.

Amount: $_____ Check No. _____ Date _____

Check or money order payable to **Diocese of Gary.** Please, no cash.