

### 1 Will you have contact with children under age 19?

Yes, complete this form  No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only if** you have contact with children under the age of 19. Search results are for Nova Scotia only.

### 2 Give your personal information (please print)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Middle names: \_\_\_\_\_ Last name at birth: \_\_\_\_\_  
All other names during your lifetime: \_\_\_\_\_  
Commonly used names, nicknames, aliases: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female  Transgender  
Health card number: \_\_\_\_\_ Drivers license master number: \_\_\_\_\_  
Current mailing address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: Home (xxx-xxx-xxxx): \_\_\_\_\_ Cell (xxx-xxx-xxxx): \_\_\_\_\_  
Are you a current or former resident of Nova Scotia?  Yes  No

### 3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian:  Driver's license,  Health card or  Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

### 4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I **certify** that the information given on this form is correct.

Signature: \_\_\_\_\_ Date(dd/mm/yyyy): \_\_\_\_\_

### 5 Send the form to us

**Private and Confidential**  
Child Abuse Register  
Department of Community Services  
P.O. Box 696  
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

**Questions? Call 902-424-6798**

<p><b>For staff use only</b></p> <p><input type="checkbox"/> As of this date, _____ the name of the above <b>HAS NOT</b> been entered in the Child Abuse Register.</p> <p><input type="checkbox"/> Consent withdrawn by applicant</p> <p>Authorized signature: _____</p> <p>Certified by the Department of Community Services Child Abuse Register (stamp)</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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