

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): _____

Health card number: _____ Driver's 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

For staff use only

☐ As of this date, _____
the name of the above **HAS NOT** been entered in the Child Abuse Register.

☐ Consent withdrawn by applicant

Authorized Signature: _____

Certified by the Department
of Community Services
Child Abuse Register
(stamp)

