Commonwealth of Massachusetts
Juvenile Court Department

_____ Division

RE: In the Matter of the Adoption of

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I hereby authorize the Juvenile Court to conduct a criminal record check to determine whether I have a criminal record. I understand the criminal record check is intended for use by the court in conjunction with my petition to adopt the above named child. I further understand that the court will not consider my petition for adoption without conducting a criminal record check of both petitioners. Therefore, the information below is willingly supplied by me, and my signature indicates my permission for this record check to be completed.

Name: _____
Current Address: _____
Social Security No.: _____
Gender: ☐ Female ☐ Male Date of Birth: _____
Place of Birth: _____
Maiden Name (if applicable): _____
Other Names or Aliases used: _____
Mother's Name: _____
Father's Name: _____

Date: _____ _____
(Signature)

NOTARIZATION

The above signed made oath before me on _____ that this affidavit is her/his free act and deed.
Notary Public: _____
Print Name: _____
My Commission Expires: _____