

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: _____