DIOCESE OF GARY

9292 BROADWAY
MERRILLVILLE, IN 46410-7088

219-769-9292
219-738-9034 Fax

Chancery/Pastoral Center

Request for INDIANA Limited Adult Criminal History Information

ALL INFORMATION MUST BE TYPED OR PRINTED.

Full *Legal* Last Name _____

Full *Legal* First Name _____

Full *Legal* Middle Name _____

Date of Birth _____/_____/_____ **Gender:** ☐ **Male** ☐ **Female**
Month Day Year

Race: ☐ **American Indian/Alaskan** ☐ **Asian/Pacific** ☐ **Black**
☐ **Multi-Racial** ☐ **White**

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, parish minister, DRE, youth minister, 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 an Indiana Limited Adult Criminal History Background Check. There is no fee for this service.

_____ _____
Signature **Date**

All information on this form will be kept strictly confidential.

OFFICE USE:
Please return this form to: _____

Revised 8/1/2007