

### IDENTITY VERIFICATION

The purpose of this form is to verify the identity of the individual requesting information from the Nebraska Adult / Child Abuse and Neglect Central Registry. **If you are under the age of 19**, a parent or guardian's notarized signature is required instead of yours. Do not leave any fields blank. **This notary form is valid for 6 months.**

Request Number: \_\_\_\_\_

#### INDIVIDUAL INFORMATION

Name: _____	Date of Birth: _____
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Printed Name of Person Signing (must be legible): \_\_\_\_\_  
 Individual      or       Individual's Guardian

Signature of Individual / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### NOTARY USE ONLY

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

Printed Name of Person to be Notarized : \_\_\_\_\_

\*Affix Official Notary Seal Here\*

Signature of Notary Public \_\_\_\_\_

**DO NOT MAIL THIS FORM.** Once this form has been notarized, upload and attach this document to your Check Request on the Nebraska Central Registry Portal. To access your check request, you must enter the PIN you initially created and the Request Number on the portal.

<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification>