

**1 Will you have contact with children under age 16?**

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 16. **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 last names during your lifetime: \_\_\_\_\_  
Commonly used names, nicknames, aliases: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Male  Female  Transgender  
Health card number: \_\_\_\_\_ Drivers license master number: \_\_\_\_\_  
Current mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: Home (xxx-xxx-xxxx): \_\_\_\_\_ Cell (xxx-xxx-xxxx): \_\_\_\_\_  
How long have you lived in Nova Scotia? \_\_\_\_\_ years \_\_\_\_\_ months

**3 Attach photocopy to prove your identity**

Include proof of your identity. Attach a photocopy of your valid Canadian:  Driver's license or  Health card  
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: \_\_\_\_\_

**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**

<p><b>For staff use only</b></p> <p><input type="checkbox"/> As of this date, _____ the name of the above <b>HAS NOT</b> been entered in the Child Abuse Register.</p> <p><input type="checkbox"/> Consent withdrawn by applicant</p> <p>Authorized signature: _____</p> <p>Certified by the Department of Community Services Child Abuse Register (stamp)</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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