

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*  
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

**<https://epatch.state.pa.us>**

<b>NAME/ REQUESTER</b>	WELSH MOUNTAIN HEALTH CENTERS
<b>ADDRESS</b>	584 SPRINGVILLE ROAD
<b>CITY/STATE/ ZIP CODE</b>	NEW HOLLAND, PA 17557

<b>FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER</b>
<b>AFTER COMPLETION MAIL TO:</b> PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758  Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972) <b>DO NOT SEND CASH OR PERSONAL CHECK</b>
<b>CHECK ONE BLOCK</b>
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" <b>THE FEE IS NONREFUNDABLE</b>
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

**CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)**

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<b>NAME/SUBJECT OF RECORD CHECK (FIRST)</b>	<b>(MIDDLE)</b>	<b>(LAST)</b>		
<b>MAIDEN NAME AND/OR ALIASES</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>SEX</b>	<b>RACE</b>

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only**

**REASON FOR REQUEST: All requests \$10.00**  
**\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA \*\*\***  
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

**INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.**

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|---|--|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)  | <input checked="" type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT                        |
| <input type="checkbox"/> ATTORNEY             | <input type="checkbox"/> FOSTER CARE                     | <input type="checkbox"/> PRIVATE INVESTIGATIONS          |
| <input type="checkbox"/> BANKING              | <input type="checkbox"/> HEALTHCARE                      | <input type="checkbox"/> SOCIAL SERVICES                 |
| <input type="checkbox"/> BAR ASSOCIATION      | <input type="checkbox"/> HOUSING                         | <input type="checkbox"/> TENANT CHECK                    |
| <input type="checkbox"/> CHURCH               | <input type="checkbox"/> INSURANCE LICENSE               | <input type="checkbox"/> VISA                            |
| <input type="checkbox"/> CHILD CARE           | <input type="checkbox"/> MENTAL HEALTH                   | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION            | <input type="checkbox"/> NURSE AID TRAINING              | <input type="checkbox"/> VOLUNTEER                       |
| <input type="checkbox"/> ELDER CARE           | <input type="checkbox"/> OTHER _____                     |  |
| <input type="checkbox"/> EMERGENCY MANAGEMENT |  |  |

**ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.