



This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at <https://ecmp.nebraska.gov/DHHS-CR/>  
More information can be found at: <http://dhhs.ne.gov/CentralRegistry>

Business/Organization Check:

**ORGANIZATION/BUSINESS INFORMATION**

Name:	Portal ID:
<input type="text"/>	<input type="text"/>

Organization/Business must provide Portal ID to access results.  
Visit <https://ecmp.nebraska.gov/DHHS-CR/> to create a Portal ID.

**INDIVIDUAL INFORMATION**

First	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number:

Other names, such as a maiden name, former married name, or nickname.

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):

Please release the following information to myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature.

- |  |  |
|--|--|
| <input type="checkbox"/> Nebraska Child Abuse and Neglect Central Registry (CAN Registry)                                  | <input type="checkbox"/> Nebraska Adult Protective Services Registry (APS Registry)  |
| 1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:                   | 1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:                   |
| a. Date of the alleged child abuse or neglect; and   | a. Date of the alleged adult abuse or neglect; and   |
| b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated). | b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated). |

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

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

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

\_\_\_\_\_  
Printed Name of Individual/Guardian

\*Affix Official Notary seal here\* \_\_\_\_\_  
Notary Public

Instructions: Mail completed form to :

DHHS Central Registry  
P.O. Box 95026  
Lincoln, NE 68509

### 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.

**Request Number:**

INDIVIDUAL INFORMATION	
Name	Date of Birth
Signature of Individual/Guardian: _____ Date: _____	

NOTARY USE ONLY
STATE OF _____ )
_____ )ss.
COUNTY OF _____ )
The foregoing instrument was acknowledged before me this ___ day of _____, 20___ by:
Printed Name of Individual/Guardian: _____
*Affix Official Notary Seal Here* _____ 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.