

Diocese of Scranton

1/2010 gmf

Application for a criminal history and child abuse
registry clearance (please print clearly)

Full Name_____

Address_____

Town/State/Zip_____

Telephone Number_____

Date of Birth_____

Social Security Number_____

Parish or school where you need this clearance:

_____town_____

Reason for background check_____

(please state volunteer or employee and function)

I authorize the compliance office of the Diocese of Scranton, to conduct a
background check through LexisNexis, Volunteer Screening Services.

Applicant Signature_____date_____

Please make check payable to: Diocese of Scranton. The cost is \$9 per
applicant. Mail to: 300 Wyoming Avenue, Scranton, PA 18503. Attention:
Gail Fromm

For additional information go to www.dioceseofscranton.org and click on
Compliance Office.