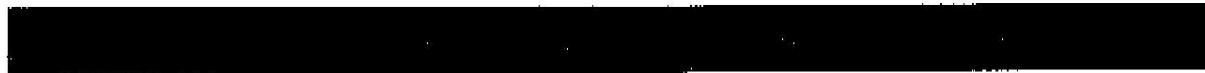


New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305



**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE FOR RECORD:  Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_

Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:  
REV. EDWARD J. ARSENAULT DIOCESE OF MANCHESTER

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS 153 ASH STREET MANCHESTER NH 03104  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm Exp.)

*Edward J. Arsenault* /DIOCESE OF MANCHESTER DATE \_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH - Criminal Records

PARISH: \_\_\_\_\_ TOWN: \_\_\_\_\_

CHECK ONE:  EMPLOYEE  VOLUNTEER  
How do you serve in the parish? \_\_\_\_\_  
(Examples: CCD Teacher, Lector, Secretary, DRE, Scout Leader, Coach)