



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Children and Families  
 600 Washington Street, 6<sup>th</sup> Floor  
 Boston, MA 02111

www.mass.gov/DCF

CHARLES D. BAKER  
 Governor

MARYLOU SUDDERS  
 Secretary

KARYN E. POLITO  
 Lieutenant Governor

LINDA S. SPEARS  
 Commissioner

**Adam Walsh/ Child Protective Service (CPS) Background Record Request Form**

The 2006 Adam Walsh Act allows private and public organizations to request a search of the Massachusetts Department of Children and Families (Department) Central registry to determine if the named individual below has any substantiated report of child abuse and/or neglect within the Commonwealth of Massachusetts. The CPS central registry check does not include unsubstantiated reports, Criminal Offender Record Information (CORI) or Sexual Offender Registry Information (SORI). Public and private organizations are responsible to follow their respective procedures for obtaining such information.

I, \_\_\_\_\_, understand that the Department will review information contained within its Central Registry of Child Abuse/Neglect. I authorize the Department to provide such information to the agency/organization named below. I further certify that the information below is correct to the best of my knowledge.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

ND Department of Health & Human Services 600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250

AGENCY / ORGANIZATION NAME AND ADDRESS

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 FIRST NAME

\_\_\_\_\_  
 MIDDLE NAME

\_\_\_\_\_  
 MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
 DATE OF BIRTH

\_\_\_\_\_  
 PLACE OF BIRTH

\_\_\_\_\_  
 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 MOTHER'S MAIDEN NAME

**All requests must be notarized, excluding Law enforcement Agencies /Sherriff Departments and State Child Welfare Agencies.  
 All organizations and individuals can either email, fax or mail requests.**

Scan/email to: [MA.CPS.CHECK@MassMail.State.MA.US](mailto:MA.CPS.CHECK@MassMail.State.MA.US)  
 Mail to: Massachusetts Department of Children and Families  
 Attn: Background Record Check Unit  
 2 Boylston Street, 5<sup>th</sup> Floor  
 Boston MA 02111  
 Fax to: 617-748-2441  
 Questions: 857-338-3030

**Official Use ONLY:**

Substantiated Report(s) has (have) been located in Massachusetts involving the above named individual.

Please contact \_\_\_\_\_ for further information.

No Record has been Found in this state involving the above named individual

\_\_\_\_\_  
 Title of Person Completing Registry Check

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date