



**Sixth Episcopal District of the  
African Methodist Episcopal Church  
Background Check Authorization Form**

I hereby certify that I have given the Sixth Episcopal District of the African Methodist Episcopal Church permission to obtain a comprehensive record search pertaining to me. I understand that this notice will also apply to any future update reports that may be requested. I understand that information collected during the check will be kept confidential and stored in a secured area. I hereby confirm that all the information I have recorded on this page is complete and true.

**Applicant: Complete the Following:**

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Date of Birth

The following information is required by law enforcement agencies and offer positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record  No  Yes If yes, please explain: (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

\_\_\_\_\_  
Presiding Elder District

\_\_\_\_\_  
Annual Conference

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**FOR OFFICE USE ONLY:**

Payment Received: \_\_\_\_\_

Background Check Completed: \_\_\_\_\_