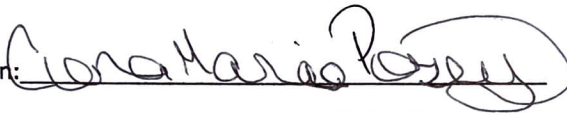
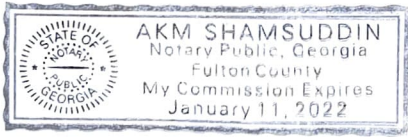



Nebraska Department of Health and Human Services
Division of Children and Family Services
IDENTITY VERIFICATION

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. If you are under the age of 19, a parent or guardian's notarized signature is required instead of yours. Do not leave any fields blank.

REQUEST NUMBER: 115283971

INDIVIDUAL INFORMATION	
Name: CIARA MARIE POSEY	Date of Birth: 11/25/1989
Person signing: <input checked="" type="checkbox"/> Individual or <input type="checkbox"/> Individual's Guardian	
Signature of Individual/Guardian: 	Date: 10-19-2021

NOTARY USE ONLY	
STATE OF <u>GEORGIA</u>)
COUNTY OF <u>FULTON</u>) ss.
The foregoing instrument was acknowledged before me this <u>19TH</u> day of <u>OCT</u> , 20 <u>21</u> by:	
Printed Name of Person to be Notarized: <u>CIARA MARIE POSEY, GA-DL# 061804877</u>	
	 _____ Notary Public
Affix Official Notary Seal Here	

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.

<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification>