

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: 134512484

INDIVIDUAL INFORMATION

Name: **TAYLOR ALEXIS BARGEN**

Date of Birth: **3/14/2001**

Person signing: ☐ Individual or ☐ Individual's Guardian

Signature of Individual/Guardian: _____ Date: _____

NOTARY USE ONLY

STATE OF _____)
COUNTY OF _____)ss.

The foregoing instrument was acknowledged before me this day _____ of _____, 20____ by:

Printed Name of Person to be Notarized: _____

Affix Official Notary Seal Here

Notary Public

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. Please do so by using the link below.

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

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