

THE MIRIAM PROJECT

1400 Broadway
Anderson, In 46012
(765) 640-1580 Fax (765) 642-9466

This procedure must be completed by each adult in the home.

- **Complete the top section of this form and have the person conducting the check complete the lower section.**
- **This check is completed by your local police station. (If you live in the city limits, the city police should complete the check, if you live outside the city limits, the county Sheriff should complete the check.)**
- **We strongly recommend calling ahead to clarify the process for this check in your area (i.e. type of ID, Appointment necessary, fee charged)**
- **The check needs to cover your residency for the last 5 years.**
- **Return the completed form to The Miriam Project.**

LOCAL POLICE CHECK

Full Name: _____

Maiden Name : _____

(Date of Birth) _____ (Social Security #) _____

Of _____
Street Address, City, State Zip

Applicant Signature

Date

Local Police checks related to:

_____ **Adoption Home Study**

POLICE OFFICE USE ONLY

_____ No records found. _____ (date) _____ (signature)

_____ Records found. _____ (date) _____ (signature)

Explanation: _____
