

Complete Background Report Application

Please return this form with **\$200 non-refundable** fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue Trenton, New Jersey 08611. Check should be made to The Children's Home Society of New Jersey.

Name _____

Maiden Name, other name previously used _____

Address _____ Birth date _____

_____ Birthplace _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Name of Adoptive Parents _____

Current Address of Adoptive Parents _____

My adoptive Parents do _____ do not _____ know of my background request.

Signed _____ Date _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Mastercard _____

Please print your Visa/Mastercard number below.

Expiration Date:

_____/_____/_____
Month Year Signature

I understand that if I am dissatisfied with the services provided, I have the right of review with the Director of Child Welfare Services of the agency.

Signed: _____ Date: _____