WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type – Check Only One

- Government Agency $10.00*
- General Public $18.00*
- Nonprofit Org. $7.00*
- Public Defender (Fee Exempt)

Request Purpose - Check Only One

- General Information
- Public Housing
- Caregiver – General (*Add $2.50 DHFS fee)
- Child Day Care - Caregiver (*Add $2.50 DHFS fee)

Payment Type – Check Only One

- Bill Account
- Amount Enclosed $___________

SPD # ________________ Provide either Facility # ________________
or Certifying Agency # ________________

Search for a Record on: (Please type or print legibly)

* Name: ____________________________ / ____________________________ / ____________________________
  (Last)  (First)  (Middle)

* Sex: ______________  * Race: ________________  * Date of Birth: _______/ _______/ ________
  (MM)  (DD)  (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)
________________________________________________________________________________________________

Return request to:  (Include a self-addressed, postage-paid envelope)

Name: _______________________________ Attn: _______________________________
Street: _______________________________ Phone: _____________________________
City, State, Zip: _____________________ E-mail: _____________________________

FOR CIB USE ONLY

If an individual is requesting his or her own record and wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.

Right Index
Fingerprint Impression

Wisconsin