

## CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information						
ne (last name):  Given names(s):						
Surname (last name) at birth:		Former name(s):				
Place of birth (City, Province/State, Country):		L				
Date of birth (YYYY-MM-DD):		Gender Identity (che	eck one)	☐ Female	☐ Male	☐ Other
Phone number(s):		Email address:				
Current Home Address		l				
Number Street Apartment	: City		Province/Territ	orv/State	Postal/ZIP c	code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)	•		·		·	
, , , , , , , , , , , , , , , , , , ,						
B. Reason for the Criminal Record Verification						
Reason for Request (example: Employment – Employer – Job Title):						
Organization Requesting Search: The Anglican Diocese of Ontario						
Contact Name: Jane Humphreys		Contact Phone Num	ber: 613	-777-0540		
C. Informed Consent						
the declared criminal record history provided by myself. I understand that this verifical fingerprint comparison which is the only true means by which to confirm if a criminal POLICE INFORMATION SYSTEM(S) — I HEREBY CONSENT TO THE SEARCH OF police information for the following systems (check applicable):	record exist	s in the National Repos	sitory of Crimin	al Records.		•
☐ OTHER:						
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any policy of the information set out by me in this application is true and correct to the toXpressChek and	e best of my	r ability. I consent to th  ee and the Royal Canad myself as a result of th Ontario	lian Mounted P	olice from any	and all act	ions, claims
Signature of Applicant	Date		Signed at			
	Year	– Month - Day				
			City		Provinc	ce/Territory
D. Identification Verification	☐ Physica	al Identity Verification		☐ Electronic Id	lentity Veri	fication
Witnessing Agent's Name: The Ven Jane Humphreys	, 5.00	Identification Verifie			,	
The ven Jane Humphreys			103			
tnessing Agent's Signature: Type of Photo ID Viewed (Government Issued) & Secondary ID						

Name and location of the company where information will be stored in Canada: The Anglican Diocese of Ontario, 165 Ontario, Street, Kingston, ON, K7L 2Y6

\*\*Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. \*\*Date de version du formulaire: 2017-10-05 Cobourg Police Service



Signature of Police Agency Employee

## CRIMINAL RECORD VERIFICATION Declaration of Criminal Record Form

## **Declaration of Criminal Record**

Surname (last name)	Given name(s)	Date of Birth:
,		YYYY-MM-DD
nformation is collected and disclosed	d in accordance with federal, provincial and mur	nicipal laws.
Declaration of Criminal Record doe ecord convictions.	s not constitute a Certified Criminal Record by t	he RCMP and may not contain all crimin
Applicants must declare all conviction	ns for offences under Canadian federal law.	
A conviction where you were a "y	ce, and;	Act;
· -	d can only be issued based on the submission o	of fingerprints to the RCMP National
Offence	Date of Sentence	Court Location
	<del></del>	
Signature of Applica		Date (YYYY-MM-DD)
Signature of Applica	ant	Date (YYYY-MM-DD)
	ant	Date (YYYY-MM-DD)
Signature of Applica Verified By:	ant	Date (YYYY-MM-DD)
	ant	Date (YYYY-MM-DD)