



CATHOLIC DIOCESE OF BROWNSVILLE

Office of Evangelization and Catechesis

BACKGROUND CHECK AUTHORIZATION FORM

Parish: _____ City: _____

Legal Name: _____
Last Name(s) First Name Middle Name

Other Names: _____

Required:

Sex: Male / Female

Date of Birth: _____ / _____ / _____
Month Day Year

Optional: (Used to confirm identity)

Driver License: _____
State Number

Social Security Number: _____ - _____ - _____

Other Form of Identification: _____

If applicable, please list states with counties **you have lived outside of Texas** within the past ten years.

State	County
_____	_____
_____	_____
_____	_____

I hereby grant to the Diocese of Brownsville permission to complete a Criminal Background Check, and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature: _____ Date: _____

Return Authorization Form to:

OFFICE OF EVANGELIZATION
AND CATECHESIS
700 VIRGEN DE SAN JUAN
SAN JUAN, TX 78589-3030

Facilitator Use Only
<i>Identification Used:</i>
<input type="checkbox"/> Driver License
<input type="checkbox"/> State ID
<input type="checkbox"/> Passport
<input type="checkbox"/> Other: _____
Verified by: _____