AIFACS

AMERICAN INDIAN FAMILY AND CHILDREN'S SERVICES

CFC BGS DATA COLLECTION FORM

In some cases, AIFACS will utilize the Minnesota Judicial Court System online to assist us in completing your background study. Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). * Indicates that the field is optional.

Please check one of the following:

EMAIL ADDRESS IS REQUIRED FOR EVERYONE 13 YRS OLD AND OVER

☐ Applicant/License-Holder   ☐ Household Member   ☐ Other

First Name	Middle Name	Last Name

Maiden Name, Prior Names and Aliases

Date of Birth	* Race ☐ Asian ☐ Black ☐ White ☐ Native American ☐ Unknown	Sex ☐ Male ☐ Female ☐ Unknown ☐ Other

Eye Color	Hair Color	Height	Weight

State or Country of Birth	Telephone #

Current Street Address	City

State	Zip	County	Email Address

Driver's License # or MN State-issued ID #	Expiration Date of ID	* Social Security #

Have you lived in any <u>U.S. state </u>other than Minnesota in the last 5 years? ☐ No   ☐ Yes

Ifyes, please list all cities and states where you lived in the last 5 years:

City:	State:	Year From:	Year To:

ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that AIFACS needs this information to complete the background study.

_____
Signature

_____
Signature of Parent or Guardian (Required for Minors Only)

_____
Date