

## **Application for Police Criminal Record Check**

Su	rname	Given Names
Maiden name (if applicable)	)	
Date & Country of birth	dd/mm/yyyy	Country
Address whilst residing in B	ermuda	
Current street address (if di	ifferent to above)	
Tel (Home)	(Work)	(Cell)
email address		
Full name and address of re	ecipient	
Reference number (if applic	cable)	
Date	Print Name	
I authorize the Bermuda Po (if any) to the recipient nan		etails of my previous convictions
I authorize	to	act on my behalf in this matter.

## <u>Instructions for Submitting Requests & Documentation</u>

## **IMPORTANT**

The Bermuda Police Service will only accept applications for Police Record Checks under the following circumstances:

- 1. Submitted on Bermuda Police Service application form SF39.
- 2. Completed and signed by the applicant themselves.
- 3. Submitted directly by the applicant or by the applicants nominee.
- 4. If a nominee is acting on the applicants behalf, signed consent from the applicant identifying the nominee must be provided.
- 5. Provision of Government, Federal or State photographic identification i.e. Passport or Drivers License. A legible and notarized copy will be accepted.
- 6. Photographic identification must either be provided in person when the application is submitted or be notarized by:
  - a) Attorney
  - b) Law Enforcement Officer
  - c) Notary Public
  - d) Court Officer

Stating 'This is a true likeness of (applicants name) the date and the identity of the notarizing person.

- 7. Applications can be submitted:
  - i) In person at any Police Station.
  - ii) In person at Police HQ, Prospect.
  - iii) By fax to 441 299 4459.

Please note that incomplete forms or forms not accompanied with photographic identification will not be processed and will not be returned.