



Georgia Department of Community Health
RECORDS CHECK APPLICATION
(See Instructions on bottom of Form)



Application Instructions

1. Please use a **ball point pen**, **press firmly**, and **PRINT legibly**.
2. Position applied for.
3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.
Print your date of birth. [dd/mm/yyyy]
Print either: Male or Female.
Print your race.
Print your Social Security Number.
Print your place of birth: City or County, State and Country if not USA.
Print your height.
Print your weight.
Print the color of your eyes: Do not abbreviate: Brown, Black, Gray, Blue, Green, or Hazel.
Print the color of your hair: Do not abbreviate: Brown, Black, Gray, Red, Blonde, or Bald.
Print your home address.
Print your home telephone number.
4. The APPLICANT section of the application must be completed. Applicants must read and sign the record check application.

DIRECTOR/MANAGER WILL COMPLETE THE FOLLOWING

5. Print clearly and give complete mailing address.
Indicate name of your facility as it appears on your permit application.
Print the mailing address of your facility.
Print the city/state/zip.
Print the county.
6. Check the correct box for your type of Licensed Facility.
7. Director or Manager must sign his/her name as it would appear on a bank check or business letter.