

CHATHAM COUNTY PROBATE COURT
133 MONTGOMERY ST., SUITE 509
SAVANNAH, GEORGIA 31411
(912) 652-7264

CRIMINAL HISTORY CONSENT FORM/
FINGERPRINT CONSENT FORM

	_____	_____	_____
	_____	_____	_____
Maiden Name (Former/Alias):	_____		
Address:	_____		

Race:	_____	Height:	_____
Sex:	_____	Weight:	_____
D.O.B.	_____	Eye Color:	_____
SSN:	_____	Hair Color:	_____
Place of Birth:	_____		
	(City & State)		

I hereby authorize Probate Court of Chatham County to conduct an inquiry for the purpose(s) listed below and receive any record information from the Georgia Crime Information Center (GCIC) and/or national criminal history record information and/or run my fingerprints through Georgia Bureau of Investigations (GBI) as authorized by state and federal law.

_____	_____
Signature of Subject	<input type="checkbox"/> Signature witnessed by Clerk of Court OR
	<input type="checkbox"/> Signature witnessed by Attorney Representative

** Unless all blanks on this form are completed, no information will be released.

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

CLEARED BY: _____

- No Criminal Record Available
- Criminal Record (Attached/Released)
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant (List Wanting Agency Below)

ORI Number: GA025023J

- Purpose Code:**
- E - Employment
 - J - Civilian Criminal Justice Employment
 - F - Firearms Application

_____	_____
Purpose of Criminal History	Case Number