

PARENT INFORMATION FOR CRIMINAL BACKGROUND CHECK
Request for Conviction History Record (RCW 10.97)
Washington State Patrol

Father's Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
Month Day Year

Driver's License Number: _____ State: _____

Mother's Name: _____
Last First Middle

Maiden Name: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
Month Day Year

Driver's License Number: _____ State: _____

For Office Use Only:	
<u>Date</u>	<u>Initials</u>
Checked: _____	
Update: _____	
Update: _____	
Update: _____	
Update: _____	