Georgia Department of Human Resources
MATERNITY HOMES
RECORDS CHECK APPLICATION
(See Instructions on Back of Form)

TO BE COMPLETED BY APPLICANT:

1. APPLICANT TYPE ☐ Administrator/Owner ☐ Owner

2. Print Name _____
(Last) (First) (Middle) (Maiden) (Date of Birth)

_____ _____ _____ _____
(Sex) (Race) (Social Security Number) (Place of Birth)

_____ _____ _____ _____ _____
(Height) (Weight) (Color of Eyes) (Color of Hair) (Home Telephone)

_____
(Mailing Address) (City) (State) (Zip)

3. I hereby authorize the Department of Human Resources and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by Law, I have attached an affidavit disclosing the nature and date of any arrest, charge, conviction, for the violation of any law in any state, except for motor vehicle parking violation.

_____ _____
(Notary) (Applicant Signature)

Notary Public _____, Georgia My Commission Expires: _____
(County) (Date)

TO BE COMPLETED BY OWNER / ADMINISTRATOR OR MATERNITY PROVIDER(S):
(PLEASE PRINT CLEARLY)

4. _____ _____
(PRINT Name of Maternity Home Provider) (PRINT Mailing Address)

_____ _____
(PRINT City/Zip Code) (PRINT County Name)

5. **MATERNITY HOME PROVIDER IDENTIFIED ABOVE:** (CHECK ONE)

- ☐ Is currently licensed.
- ☐ Is applying for an initial (new) license at the above address.

6. My signature indicates that I, as **ADMINISTRATOR/OWNER,** have verified the above information on the above applicant.

_____ _____ _____
(PRINT Name of Administrator/Owner) (Date) (Telephone of Maternity Home Provider)

_____
(Signature of Administrator/Owner)

 YOU MAY DUPLICATE AND KEEP FOR YOUR RECORDS