OFFICE OF BACKGROUND INVESTIGATIONS (OBI)
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION

CHILDREN’S RESIDENTIAL FACILITIES
(EMPLOYEES, VOLUNTEERS AND SERVICE PROVIDERS)

MAIL REQUEST FORM. 1 FINGERPRINT CARD AND FEE TO:
Virginia Department of Social Services
Office of Background Investigations (OBI)
801 East Main Street, 6th Floor
Richmond, VA 23219

CONTACT INFORMATION:
Phone Numbers: (804) 726-7092
(804) 726-7096
(804) 726-7066
Fax Number: (804) 726-7095
Email: backgrounds@dss.virginia.gov
Website: http://www.dss.virginia.gov

PERSONAL DATA:
1. LAST NAME: ____________________________
   FIRST NAME: ____________________________
   MIDDLE NAME: ____________________________
   LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/ FORMER MARRIED/RELIGIOUS, ETC.):
   (ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARD)

2. SOCIAL SECURITY #: ______________________
3. DATE OF BIRTH: _________________________
4. GENDER: ______________________________
5. RACE: _________________________________
6. COUNTRY/STATE OF BIRTH: ________________

7. REASON FINGERPRINTED: (Circle One)     Applicant          Volunteer

FACILITY DATA:
1. FACILITY NAME/ADDRESS: __________________________
   __________________________________________
   __________________________________________

2. a. REGULATORY AGENCY: (Circle One)
   Social Services     Department of Behavioral Health
   __________________________
   __________________________
   __________________________
   b. FACILITY ID NUMBER: ________________________

3. FACILITY CONTACT PERSON:
   __________________________________________
   __________________________
   Print Background Contact Name / Signature of Background Contact

4. TELEPHONE NUMBER: (___)______________
5. DATE OF REQUEST: ________________________

**THE FACILITY SHOULD MAIL ALL INFORMATION TO OBI.**

032-05-0599-09-eng (08-15)