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

CHILD-PLACING AGENCIES (CPA)

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:
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)
______________________________________________________________________________

Social Security #: ____________________________
Date of Birth: ____________________________
Gender: ____________________________
Race: ____________________________
Country/State of Birth: ____________________________

REASON FINGERPRINTED: □ Foster Parent □ Adoptive Parent □ Adult Household Member
□ Relative Placement - (Kinship Foster Care) □ Birth Parent

AGENCY DATA:
Agency Name and Address: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Agency Type: (Circle One) Licensed CPA or LDSS
Agency ID Number: ____________________________

Agency Contact: ____________________________ / ____________________________
Print Background Contact Name: ____________________________
Signature of Background Contact:

Contact Phone Number: (_____) ____________________________ Date of Request: ____________________________

□ Live Scan Submission (approved LDSS only)

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