

Diocese of Scranton

1/2010 gmf

**Application for a criminal history and child abuse
registry clearance (please print clearly)**

Full Name _____

Address _____

Town/State/Zip _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

Parish or school where you need this clearance:

_____ **town** _____

Reason for background check _____

(please state volunteer or employee and function)

**I authorize the compliance office of the Diocese of Scranton, to conduct a
background check through LexisNexis, Volunteer Screening Services.**

Applicant Signature _____ **date** _____

**Please make check payable to: Diocese of Scranton. The cost is \$9 per
applicant. Mail to: 300 Wyoming Avenue, Scranton, PA 18503. Attention:
Gail Fromm**

**For additional information go to www.dioceseofscranton.org and click on
Compliance Office.**