



Wentzville Police Department
1019 Schroeder Creek Blvd.
Wentzville, MO 63385
636-332-5105

REQUEST FOR CRIMINAL RECORD CHECK

This section must be completed by the individual requesting the record's check.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

List any prior/alias names you have used in the past (maiden, married, nickname, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous states you have lived in: \_\_\_\_\_

Purpose

Employment for: Child Care \_\_\_\_\_ Nursing Home \_\_\_\_\_ Home Health Care \_\_\_\_\_

City of Wentzville Employment \_\_\_\_\_

(For above purposes arrests and convictions are released)

Other: \_\_\_\_\_ Specify \_\_\_\_\_

Choose one:

\_\_\_\_\_ I am requesting the Wentzville Police Department to report all arrest, convictions, and/or open records.

\_\_\_\_\_ I am requesting the Wentzville Police Department to report convictions and/or open records.

I authorize the Wentzville Police Department to release the appropriate criminal history information.

Signature of requestor

Date of Request

See reverse side for criminal history information

