

NEW JERSEY

- Complete **ALL** fields listed and ensure it matches the forms provided:
 - Name, Maiden/Alias
 - Sex, Race
 - DOB, SSN
 - **EMAIL**
 - Street address including City, State, and Zip Code
- Double check there is an **EMAIL** listed
 - NJ will send a confirmation upon receipt of the request and the applicant is required to respond in 7 days
- **Do not leave anything blank.** Put “None” or “N/A” in the space provided

NEW JERSEY REQUIREMENTS:

- New Jersey Request Form (212B)

State of New Jersey
New Jersey State Police
Criminal History Record Request – Name Check (212B)

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden Name/Alias: _____

Suffix (Jr., Sr., I, II, III, IIII, IV): _____

Sex (Male, Female, Both): _____

Race (Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White):

Date of Birth (mm/dd/yyyy): _____

Social Security Number (000-00-0000): _____

Email Address: _____

Street Address (1): _____

Street Address (2): _____

City: _____

State: _____

Zip Code: _____