

## FOR OFFICIAL USE ONLY

### NEW JERSEY

#### REQUIRED FORMS

- Criminal History Record Request Form – Name Check (212B)

#### INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the New Jersey Criminal History Record Request Form – Name Check (212B). This form is required to search the New Jersey State Criminal Repository and fulfill the requirements of Public Law 101-647.

#### REQUIRED FIELDS

- Please ensure the form is LEGIBLE and COMPLETE.
- A VALID COMPLETE EMAIL ADDRESS FOR THE APPLICANT IS REQUIRED. An email with a link will be sent to the subject by the State of New Jersey directing the subject to review and approve this search. The subject will have seven (7) days to review and approve. Once approved, the search request will be forwarded to the New Jersey State Bureau of Identification for processing. If the subject does not approve or the time period lapses, the search request will be voided by the State of New Jersey.
- When approving this search on-line, the subject must validate their response by inputting their LAST NAME, DATE OF BIRTH (DOB), and ZIP CODE EXACTLY as it was provided on the Criminal History Record Request - Name Check (212B) form that is submitted to DCSA for this search. The subject will have three attempts to validate their response before the application will be completely disabled due to security reasons.

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**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:** \_\_\_\_\_