



Diocese of Gary
Catholic Schools Office
 ATTN: Darlene Marchina
 Virtus Coordinator
 9292 Broadway, Merrillville, IN 46410
 219-769-9292, ext.234 FAX 219-738-9034

**Request for INDIANA Limited Adult
 Criminal History Information**

**ALL INFORMATION MUST
 BE TYPED OR PRINTED**

Full Legal Last Name _____

Full Legal First Name _____

Full Legal Middle Name _____

Date of Birth _____ / _____ / 19____ Gender: Male Female
 Month Day Year

Race: American Indian/Alaskan Asian/Pacific Black Multi-Racial White
 (in accordance with Indiana State Police categories)

Street Address _____

City _____ State _____ Zip Code _____

Parish/School Affiliation(s) _____

City _____

I am involved in my diocese/parish/school as a: (Choose primary involvement & check box)

- Volunteer (non-salaried person)** Parish Ministry Parent Volunteer Youth Ministry
 DRE Catechist Catechist Aide Coach _____
- Parish Employee (salaried person employed by parish)** Rectory personnel Secretary DRE
 Pastoral Associate/Parish Ministry Business Manager Youth Ministry parish/school support staff
- Educator (salaried teacher/principal in a diocesan Catholic school)**
- Candidate for ordination** (seminarians, candidates for seminary, candidate for deaconate over age of 18)
- Clergy** **Deacon** **Diocesan Employee** (Pastoral Center Employee)

I authorize the Diocese of Gary to submit the above information for an Indiana Limited Adult Criminal History Background Check to the Indiana State Police. There is no fee for this service.

 Signature Date

All information on this form will be kept strictly confidential.

This form is submitted by: _____

Parish/School: _____