

**CRIMINAL HISTORY BACKGROUND CHECK
COORDINATOR IDENTIFICATION FORM**

Parish/School: _____

Town: _____

Applicant's Name: _____

Mailing Address: _____

Phone Numbers

(Home): _____

(Work): _____

E-Mail Address: _____

PASTOR APPROVAL: _____

(Upon completion return to the Diocese of Metuchen, Office of Child and Youth Protection via fax 732-562-2412 or mail to P. O. Box 191, Metuchen, NJ 08840 Phone No. 732-562-2413)