# CATHOLIC DIOCESE OF BROWNSVILLE

*Office of Evangelization and Catechesis*

## BACKGROUND CHECK AUTHORIZATION FORM

Parish: _____ City: _____

Please Print & Complete Using Legal Name(s)

**Last Name**(s): _____

**First Name (*& Middle Name*)**: _____

*Other Names*: _____

**Required:**

**Sex**: Male / Female

**Date of Birth**: _____ / _____ / _____
Month Day Year

*Optional*: *(Used to confirm identity)*

Driver License: _____ | _____
State Number

Social Security Number: _____ – _____ – _____

Other Form of Identification: _____

| Facilitator Use Only |
|---|
| *Identification Used:* |
| ☐ Driver License |
| ☐ State ID |
| ☐ Passport |
| ☐ Other: _____ |
| Verified by: _____ |

**If applicable**, please list states with counties you have lived outside of Texas within the past ten years.

| State | County |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby grant permission to the **Diocese of Brownsville** to complete a **Criminal Background Check**. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature: _____ Date: _____

Return Authorization Form to:

**OFFICE OF EVANGELIZATION AND CATECHESIS**
**700 VIRGEN DE SAN JUAN**
**SAN JUAN, TX 78589-3030**