



Date: _____

Division of Child Welfare Licensing
Michigan Department of Health and Human Services
235 S Grand Ave, Suite 1305
PO Box 30650
Lansing, MI 48909
Fax: 517-284-9719

Michigan Dept of Health & Human Services,

The below named individual(s) have applied to adopt a child through this agency. In compliance with the Adam Walsh Act and the Hague Adoption Convention, we are in need of a Central Child Abuse Registry check in order to complete their home study.

Name: _____ **Date of Birth:** _____

Social Security Number: _____

Additional or Past Names:

Please email the clearance to my attention : contact@whfc.org
Or fax the clearance to my attention at (781) 899-2769. Thank you.

Sincerely,

Signature of Agency Representative: _____ (to be completed by WHFC)

Printed name: _____ (to be completed by WHFC)

Date: _____