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<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

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NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

- ☐ PASSPORT
- ☐ PRIVATE INVESTIGATIONS
- ☐ SOCIAL SERVICES
- ☐ TENANT CHECK
- ☐ VISA
- ☐ VOLUNTEER AMBULANCE/FIREFIGHTER
- ☐ VOLUNTEER

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED
FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE