

# DATA REQUEST ON AN INDIVIDUAL OTHER THAN YOURSELF

ALL FIELDS MARKED WITH \* ARE REQUIRED FOR PROCESSING

Name.	Last	F	) C 1 II
O41		First	Middle
		maiden name, etc.):	
Date of birth:	Month (MM)	Day (DD)	V ANNA
			Year (YYYY)
	**Search will be c	onducted exactly as entered on	this form**
UESTOR INFOR	RMATION		
Name:			
	Last	First	Middle
Address:	Street		Apt. /Suite #
	City	State	Zin Code
	City	State	Zip Code
Telephone: (	•	State Email:	•
A REQUESTED (	(describe below):	Email:	
A REQUESTED (	(describe below):	Email:	
*Please	(describe below):	Email:	

\*\*Continue to second page for completion\*\*

Page 1 of 2 Data Request on Another



#### \* PROOF OF RELATIONSHIP:

## If you are seeking data on a MINOR CHILD OR WARD, check one of the following:

I am the natural parent of the minor child identified above and my parental rights are not terminated. I have attached a *certified copy\*\** of the child's birth certificate.

I am the adoptive parent of the minor child identified above and my parental rights are not terminated. I have attached a *certified copy*\*\* of the adoption decree.

I am currently the foster parent of the minor child identified above. I have attached a *certified copy\*\** of the unexpired foster care contract.

I am currently the legal guardian of the ward identified above. I have attached a *certified copy\*\** of the court order appointing me as guardian.

### If you are seeking data on a DECEDENT, check one of the following:

I am the personal representative of the decedent's estate. I have attached a *certified copy*\*\* of the court order appointing me as the personal representative.

I am the spouse of the decedent and there is no personal representative of the decedent's estate. I have attached *certified copies*\*\* of the death and marriage certificates.

I am a child of the decedent and there is no personal representative of the decedent's estate. I have attached a *certified copy\*\** of the death certificate, a *certified copy\*\** of my birth certificate or adoption papers, and (if applicable) a *certified copy\*\** of marriage certificate or Order for Name Change (connecting present name to name at birth).

I am the parent of the decedent and there is no personal representative of the decedent's estate, surviving spouse or children. I have attached a *certified copy\*\** of the decedent's death certificate and a *certified copy\*\** of the decedent's birth certificate or adoption papers.

I am the trustee appointed in a wrongful death action on behalf of the decedent. I have attached a *certified copy*\*\* of the order appointing me trustee.

\*\*A *certified copy* is a government record that has been marked as a true and correct copy by the government official responsible for maintaining it. A certification by a stamp must be initialed by the government official in ink. A certification can also be done by a raised seal impressed into the copy.

#### Submit this form to the BCA by one of the following methods:

- 1) Bring this form to the BCA and show a current, government-issued photo ID, or
- 2) Sign below in the presence of a Notary Public and mail the *original* to:

Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106

* Signature:					
STATE OF MINNESOTA	)				
COUNTY OF	) ss )				
Signed or attested before me this	day of	, 20by			
Name of requestor:		(Affix seal here)			
Signature of Notary Public:					
My commission expires:  BCA IDENTITY VERIFICATION					
DATE	TIME	INITIALS			