Office of the Sheriff
Department of Records

Subject: Criminal Background Check on the following person:

NAME _____
FIRST MIDDLE LAST

MAIDEN _____

ALIAS'S _____

PREVIOUS NAMES _____ _____

DATE OF BIRTH _____ SEX _____ RACE _____

ADDRESS OF PERSON BEING CHECKED _____

CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS OF PERSON BEING CHECKED _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

COUNTY AND STATE BEING SEARCHED _____
COUNTY STATE

PLEASE RETURN INFORMATION TO: DUVAL COUNTY ARES
C/O CARY BEUERSHAUSEN
12620-3 BEACH BLVD. #329
JACKSONVILLE, FL 32246