



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC SAFETY

State Police Bureau of Identification

1111 Country Club Road

P. O. Box 2794

Middletown, CT 06457-9294

CONVICTION HISTORY INFORMATION REQUEST FORM

(Please type or print clearly)

Name of Requester: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Print Full Name and Date of Birth, *maiden name if applicable*, for each subject requested.
2. Enclose a Check or Money Order payable to "Commissioner of Public Safety". The total amount remitted must equal Twenty-Five dollars (\$25) for each subject requested.
3. Mail request with check or money order to the address on this form. Attn: SPBI.
4. You can make copies of this form, or download the information from our website:
WWW.STATE.CT.US/DPS/SPBI.HTM

Subject's Last Name	First	MI (Maiden)	Date of Birth
			/ /

Subject's Last Name	First	MI (Maiden)	Date of Birth
			/ /

Subject's Last Name	First	MI (Maiden)	Date of Birth
			/ /

****THIS INQUIRY IS BASED ON REQUESTED NAME AND DATE OF BIRTH ONLY.**

DPS 846-C
Rev.2/16/00