

# APPLICATION

Legal Register Centre  
PO Box 157  
13101 HÄMEENLINNA

Fax: 010 36 65783

I request a criminal records extract on myself, required for the establishment of a person's criminal background who works with children.

Family Name (also former ones)	
First Names	
ID Code or Date and Place of Birth	Nationality
Mailing Address	
Telephone Number	
Name of the Employer or Authority for whom the extract is ordered	
Office or Duty for which the extract is ordered	
Date and Signature	