

State of New Jersey
New Jersey State Police
Criminal History Record Request – Name Check (212B)

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden Name/Alias: _____

Suffix (Jr., Sr., I, II, III, IIII, IV): _____

Sex (Male, Female, Both): _____

Race (Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White):

Date of Birth (mm/dd/yyyy): _____

Social Security Number (000-00-0000): _____

Email Address: _____

Street Address (1): _____

Street Address (2): _____

City: _____

State: _____

Zip Code: _____