



The Archdiocese of Los Angeles
Fingerprinting Department
3424 Wilshire Boulevard, Los Angeles, CA 90010-2241
Contact Name: Wilton Perez Office: (213) 637-7680

Third Party Live Scan Applicant Questionnaire

INSTRUCTIONS: This questionnaire is for fingerprinting applicants who are unable to go at the Archdiocese of Los Angeles Fingerprinting Live Scan hosting sessions. Download and save this document using LAST NAME, FIRST NAME format (eg. SMITH, JOHN.pdf). Answer all questions on pages 1 and 2 then email to fingerprinting@la-archdiocese.org. **Request for Live Scan Form** will be sent to you by the Fingerprinting Department to bring to fingerprinting vendor. Email completed **Request for Live Scan Form** to fingerprinting@la-archdiocese.org and provide a hardcopy to parish/school with Social Security Number and Driver's License concealed and protected.

Applicant: _____

1. Is the applicant directly responsible for the safety and welfare of the children being supervised*? This includes all clergy, teachers, coaches and principals. Also, parent volunteers who are alone with children such as librarians.

Answer: Yes - No -

2. Is the applicant supervising children in a licensed pre-school? This includes baby-sitters supervising children ages 7 and below and/or children with special needs, and those people involved in pre or post Day Care.

Answer: Yes - No -

3. Has the applicant moved to California from other states within the last ten years?

Answer: Yes - No -

4. Is the applicant a paid employee?

Answer: Yes - No -

* Answering 'Yes' to this question will incur a California Department of Justice charge, which will be billed to the parish/school.

Signatory: _____

**(PLEASE EMAIL THIS FILE TO FINGERPRINTING@LA-ARCHDIOCESE.ORG
BEFORE GOING TO A THIRD PARTY VENDOR)**

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Volunteer/Ministry: _____
(Tipo de Voluntario/Ministerio) Please specify (Por favor especifique)

Paid Staff/Employee (Job Title): _____
(Pagado/Empleado (Título de puesto) Please specify (Por favor especifique)

Applicant Information: (Información de Applicate)

Name: (Nombre)

Please print (Por Favor en letra de molde) _____
Last (Apellido) First (Nombre) Middle Name (Medio Nombre)

Alias: (Otro Nombre)

_____ Last (Apellido) First (Nombre) Middle Name (Medio Nombre)

Email address: (Correo Electronico) _____ **Phone #:** (Número de Teléfono) _____

Home Address:

(Domicilio) _____
Street No.(Número de Calle)/ Street (Calle) City/State/Zip Code (Ciudad/Estado/Código Postal)

Date of Birth: _____ **City of Birth:** _____ **Place of Birth (State or Country):** _____
(Fecha de Nacimiento) (Ciudad de Nacimiento) (Lugar de Nacimiento/Estado o País)

Sex: _____ **Eye Color:** _____ **Hair Color:** _____ **Height:** _____ **Weight:** _____ lbs.
(Sexo) (Color de ojos) (Color de cabello) (Estatura) (Peso)

Driver's License: _____ **Social Security Number:** _____ **Service Level:** DOJ FBI
(Número de Licencia de Manejo) (Número de Seguro Social)

In the absence of a PRIMARY form of identification, one or more SECONDARY forms of Identification is accepted with TWO SUPPLEMENTAL DOCUMENTS
Con la ausencia de una forma PRIMARIA de identificación, necesitan dos identificación SECUNDARIAS, con DOS DOCUMENTOS SUPLEMENTARIOS

SECONDARY	SUPPLEMENTAL	SUPPLEMENTAL
ID	ID NO. 1	ID NO. 2
DESCRIPTION	DESCRIPTION	DESCRIPTION
_____	_____	_____
_____	_____	_____

Name of Facility -City OCA#:
(Nombre de Facilidad-Ciudad) OCA#