



# DIOCESE OF BROWNSVILLE

## OFFICE OF CATECHESIS

### BACKGROUND CHECK AUTHORIZATION FORM

Parish: \_\_\_\_\_ City: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle

Other Names: \_\_\_\_\_

**Required:**

Sex: Male / Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Optional:** *(Used to confirm identity)*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License: \_\_\_\_\_  
State Number

Other Identification: \_\_\_\_\_

If applicable, please list states with counties **you have lived outside of Texas** within the past ten years.

State	County
_____	_____
_____	_____
_____	_____

I hereby grant to the Diocese of Brownsville permission to complete a Criminal Background Check, and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Authorization Form to:

OFFICE OF CATECHESIS  
700 VIRGEN DE SAN JUAN  
SAN JUAN, TX 78589-3030

Staff Use Only
<i>Identification Used:</i>
<input type="checkbox"/> Driver License
<input type="checkbox"/> State ID
<input type="checkbox"/> Passport
<input type="checkbox"/> Other: _____
Verified by: _____