



The Archdiocese of Los Angeles
Fingerprinting Department
3424 Wilshire Boulevard, Los Angeles, CA 90010-2241
Telephone: (213) 637-7337

Third Party Live Scan Applicant Questionnaire

Please answer the following questions, fill in the applicant's information on page two and email to fingerprinting@la-archdiocese.org.

Applicant: _____

1. Is the applicant directly responsible for the safety and welfare of the children being supervised*? These include 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? These include 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 do not print a hardcopy then answer the questionnaire.
The form must be must be completed electronically. Thank you.

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 Apicante)

Name (Nombre): _____
(Please print) (Por Favor en letra de molde) Last (Apellido) First (Nombre) MI (Inicial Media)

Alias (Otro Nombre): _____
Last (Apellido) First (Nombre) MI (Inicial Media)

Email address (Correo Electronico) : _____

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

Phone #: _____ **Date of Birth:** _____ **Place of Birth** (State or Country): _____
(Número de Teléfono) (Fecha de Nacimiento) (Lugar de Nacimiento/Estado o País)

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

Driver's License No.: _____ **Social Security No.:** _____
(Número de Licencia de Manejo) (Número de Seguro Social)

OCA # _____ **Level of Service:** DOJ FBI
Name of Parish/School: _____ **City** (Ciudad): _____
(Nombre de Parroquia/Escuela)
