



**CHR**

**Name or Address Information Change  
Criminal History Registry Enrollment**

**Instructions:** If your personal information has changed during your enrollment in the Criminal History Registry, fill out this form, sign it, and return by mail or fax. Include your current or previous information, followed by the new information. List all name, address, and contact information that has changed. **DO NOT RETURN THIS FORM IF YOUR INFORMATION ON FILE WITH THE CHILD CARE DIVISION IS CORRECT.** Call 503-947-1400 or 1-800-556-6616 for questions regarding your name/address information that is on file with the division.

**Criminal History Registry Enrollment Information on file with the Division**

Name (Last,first,MI)			
Physical Address			
City	State	Zip	
Mailing Address (if different)			
City	State	Zip	
Phone Number	Date of Birth		

**New Criminal History Registry Enrollment Information**

Name (Last,first,MI)			
Physical Address			
City	State	Zip	
Mailing Address (if different)			
City	State	Zip	
Phone Number	County (physical address)		

**Registry Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Effective Date**

Return form <u>by mail</u> to:	<b>Child Care Division</b> 875 Union St NE Salem OR 97311	Return form <u>by fax</u> to:	<b>Child Care Division</b> 503-947-1428 Attn: New CHR Information
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