REQUEST FOR PERSONAL CRIMINAL HISTORY RECORD

I,		, am request	ting a Personal	Criminal History	Record in order to
	Print or type your name here.				
apply w	rith the Supreme Court	of Texas to	be a private pr	ocess server. I un	derstand the following
informa	tion is required in orde	r to obtain t	his record:		
	Date of Birth:				
		Month	Day	Year	
	Driver's License N	Number:			
	Social Security Nu	ımber:			
	Gender: Mal	- □ F	emale \square		
	Genuci. With	Please check			
	Race: Asian 🗌 I	Black D Ca	ucasian 🗆 E	lienanie 🗍	
		Please check one b		пѕраше 🗀	
	•	rease eneck one o	O.M.		
Please r	nail the original of my	nersonal cri	minal history 1	record to me at:	
1 Touse 1	man the original of my	personal err	immai mistory i	ceord to the at.	
-	Street Address or Post Office Box				
	oncentumess of Fost Office	C DOX			
-					
-	City	State		Zip Code	
`	City	Siaic		Zip Couc	
The bes	t way to reach me by to	elenhone is s	at (
THE DES	it way to reach me by it	dephone is a	Print or type yo	our 10-digit phone number i	here.
			71		
Thank y	ou,				
,	,				
Print your name here.				Date (Month, Day, Yea	ur)
Sign your ne	ame here.		-		

Complete this form and mail it, along with your signed, unbent fingerprint card and \$15 check or money order to:

Texas Department of Public Safety Crime Records Service P.O. Box 15999 Austin, Texas 78761-5999 Attention: Correspondence