

REQUEST FOR PERSONAL CRIMINAL HISTORY RECORD

I, _____, am requesting a Personal Criminal History Record in order to
Print or type your name here.
apply with the Supreme Court of Texas to be a private process server. I understand the following
information is required in order to obtain this record:

Date of Birth: _____
Month Day Year

Driver's License Number: _____

Social Security Number: _____ - _____ - _____

Gender: Male Female
Please check one box.

Race: Asian Black Caucasian Hispanic
Please check one box.

Please mail the original of my personal criminal history record to me at:

Street Address or Post Office Box

City State Zip Code

The best way to reach me by telephone is at (_____) _____.
Print or type your 10-digit phone number here.

Thank you,

Print your name here.

Date (Month, Day, Year)

Sign your name 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