



**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES &  
PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
BUREAU OF IDENTIFICATION**



**CRIMINAL HISTORY REQUEST (PARDON)**

(Type or print clearly)

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

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

- 1) Fill in form completely
- 2) Enclose a **\$75.00** dollar check or money order payable to: **Treasurer-State of CT**
- 3) Enclose a complete set of fingerprints for Positive Identification

Mail request with check or money order to: **DESPP-Division of State Police  
Bureau of Identification  
1111 Country Club Road  
Middletown, CT 06457-2389**

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<b>Subjects First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
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Please list any maiden names, alias names, or alias dates of birth used:

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