



REQUEST FOR LIVE SCAN SERVICE

PARISH/AGENCY

Archdiocese of San Francisco — Office of Child & Youth Protection
One Peter Yorke Way, San Francisco, CA 94109 Tel: 415-614-5504 Fax: 415-614-5658

Answer All Questions • Use Ink • Print Clearly

Applicant Submission & Contributing Agency

ORI: A2783

Applicant Type (check one): **Employment** **Volunteer**

Position (max 30 characters): _____

Parish/Agency Name: _____ **City:** _____

Archdiocese of San Francisco

Deacon John Norris, Director, OCYP
One Peter Yorke Way
San Francisco, CA 94109
415-614-5504

DOJ Mail Code: 07047

Service: DOJ FBI

If resubmission, list original ATI#
(Must provide proof of rejection)

ATI Number

Applicant Information

Name: _____
First name Middle Initial Last Name

**Alias/
Maiden:** _____
First name Middle Initial Last Name

**Home
Address:** _____
Street City State Zip

Gender: **Male** **Female**

Born: _____
State (or Country if not born in USA)

Phone: _____

Email: _____
If no email, put "none"

Date of Birth

MM DD YYYY

Social Security #

XXX XX XXXX

Driver's License or State ID

Number State

Expires

MM DD YY

Height

Weight

Eye Color

Hair Color

Appointment For Live Scan

Date: _____ **Time:** _____

Location: _____
Street City State Zip

Live Scan Operator

Operator who completed Live Scan

Date Completed

Transmitting Agency

LSID

ATI Number

Amount Collected

Instructions

- > Take 2 copies of the completed form and a **Valid ID** to the LiveScan appointment
- > **LiveScan Operator** completes bottom section and keeps one copy and gives you a copy
- > **Make 2 more copies** of the completed certified form
- > **Give 1 copy** to the Parish/Agency and 1 to the San Francisco Archdiocese