



# REQUEST FOR LIVE SCAN SERVICE

**CLERGY**

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

Questions: Call the **Vicar for Clergy Office** (contact information below)

## Applicant Submission & Contributing Agency Answer All Questions • Use Ink • Print Clearly

ORI: A0842      Applicant Type (check one):  Employee       Volunteer

Position (max 30 characters): \_\_\_\_\_

Parish/Agency Name: \_\_\_\_\_ City: \_\_\_\_\_

Archdiocese of San Francisco

DOJ Mail Code: 07048

**Vicar for Clergy**

Service: DOJ  FBI

One Peter Yorke Way  
San Francisco, CA 94109  
415-614-5611 | Fax: 415-614-5613

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      Social Security #      Driver's License or State ID      Expires  
                    
MM DD YYYY      XXX XX XXXX      Number      State      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 copy to the San Francisco Archdiocese