

PROBATE COURT OF FAYETTE COUNTY GEORGIA
CONSENT TO CRIMINAL RECORDS CHECK

RE: _____, Ward Estate No.: _____

I hereby authorize the Probate Court of Fayette County to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: _____
Last First Middle (Maiden)

Address: _____
Street Address City State Zip
_____/_____/_____
Sex Race Date of Birth Social Security Number

Signature of Conservator

Sworn to and subscribed before me,
This ____ day of _____ 20__.

Notary Public/Clerk, Probate Court

PROBATE COURT OF FAYETTE COUNTY GEORGIA
CONSENT TO CRIMINAL RECORDS CHECK

I hereby authorize the Probate Court of Fayette County to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: _____
Last First Middle (Maiden)

Address: _____
Street Address City State Zip
_____/_____/_____
Sex Race Date of Birth Social Security Number

Signature of Co-Conservator

Sworn to and subscribed before me,
This ____ day of _____ 20__.

Notary Public/Clerk, Probate Court