

**PROBATE COURT OF FAYETTE COUNTY GEORGIA  
CONSENT TO CRIMINAL RECORDS CHECK**

**Proposed Ward/Minor** \_\_\_\_\_, **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**

Sworn to and subscribed before me,

this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
**Notary Public/Clerk, Probate Court**

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