

OFFICE OF BACKGROUND INVESTIGATIONS (OBI)  
REQUEST FOR CRIMINAL BACKGROUND INVESTIGATION  
**CHILD-PLACING AGENCIES (CPA)**

**MAIL REQUEST FORM, 1 FINGERPRINT CARD AND FEE TO:**

Virginia Department of Social Services  
Office of Background Investigations (OBI)  
801 East Main Street, 6<sup>th</sup> Floor  
Richmond, VA 23219

**DATE RECEIVED BY OBI**

**CONTACT INFORMATION:**

**Phone Numbers:** (804) 726-7092  
(804) 726-7096  
(804) 726-7066  
**Fax Number:** (804) 726-7095  
**Email:** [backgrounds@dss.virginia.gov](mailto:backgrounds@dss.virginia.gov)  
**Website:** <http://www.dss.virginia.gov>

**PERSONAL DATA:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

LIST ALL OTHER NAMES CURRENTLY OR PREVIOUSLY USED (MAIDEN/FORMER MARRIED/RELIGIOUS, ETC.): (ANY NAMES LISTED BELOW SHOULD ALSO BE SHOWN IN THE ALIASES SECTION OF THE FINGERPRINT CARD)

\_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Country/State of Birth:** \_\_\_\_\_

**REASON FINGERPRINTED:**  Foster Parent  Adoptive Parent  Adult Household Member  
 Relative Placement - (Kinship Foster Care)  Birth Parent

**AGENCY DATA:**

**Agency Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency Type:** (Circle One) Licensed CPA or LDSS **Agency ID Number:** \_\_\_\_\_

**Agency Contact:** \_\_\_\_\_ / \_\_\_\_\_  
Print Background Contact Name Signature of Background Contact

**Contact Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Live Scan Submission (approved LDSS only)**

**\*\*THE AGENCY SHOULD MAIL ALL INFORMATION TO OBI.**