



JUDICIAL DEPARTMENT - MAGISTRATES' COURT
DAME LOIS BROWNE EVANS BUILDING, 58 COURT STREET, HAMILTON HM 12, BERMUDA
TELEPHONE: 1(441) 295-5151 E-MAIL: RECORDS@GOV.BM

RECORD REQUEST FORM

Receipt # _____

I hereby request copies of **CRIMINAL** convictions (if any) for the period:

Please check one box

- 3 years to present 5 years to present 7 years to present
- from **1996** to present

Please Print Below

Full Name: _____
First Middle Name(s) Last

Maiden Name: _____

Date of Birth (DD/MM/YYYY): _____
(Spell out Month)

Current Address: _____

Previous Address _____

Passport #: _____ Driver License # _____

Phone Contact #'s Cell _____ Home _____

I authorize: _____ to collect on my behalf.

I understand that the research for this information takes approximately fifteen (15) working days, together with an administrative fee of \$10.00 per application.

Valid Color Photo ID is required.

Signed _____ Dated _____