



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
FOR JOB

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: _____

Maiden Name: _____

Date of Birth (DD/MM/YYYY) : _____

Current Address: _____

Previous Address _____

Passport #: _____ Drivers License # _____

Phone Contact #'s Cell _____ Home _____

I will Collect: _____

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 _____