

File Name: \_\_\_\_\_ File Number: \_\_\_\_\_

**RECORDS CHECK RELEASE**  
**(MAKE ADDITIONAL COPIES IF NEEDED)**

Please be advised that Saginaw County Probate Court routinely completes background investigations through the Saginaw County Sheriff's Department and Children's Protective Services Central Registry as required by law. Therefore, please complete this form by providing the following information on the proposed guardian/conservator and any person 18 years or older living at the same residence.

**PRINT CLEARLY AND ATTACH A COPY OF YOUR DRIVER'S LICENSE AND ANYONE 18 YRS OR OLDER.**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER \_\_\_\_\_ RACE: \_\_\_\_\_ GENDER \_\_\_\_\_

MAIDEN NAME/  
PREVIOUS NAME: \_\_\_\_\_ MAIDEN NAME/  
PREVIOUS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ DRIVER LICENSE# \_\_\_\_\_

COMPLETE NAMES OF ALL OTHER ADULTS AND CHILDREN LIVING IN THE SAME HOUSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature Proposed guardian/conservator

\_\_\_\_\_  
Signature of other adults in household

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip