

REQUEST FOR LIVE SCAN SERVICE

Archdiocese of San Francisco

One Peter Yorke Way, San Francisco, CA 94109

CLERGY

Answer All Questions • Use Ink • Print Clearly

Applicant Submission & Contributing Agency

ORI: **A2783**

Applicant Type (check one): Employee Volunteer

Position (max 30 characters): _____

Parish/Agency Name: _____ City: _____

Archdiocese of San Francisco

DOJ Mail Code: **07048**

Vicar for Clergy

Service: DOJ FBI

One Peter Yorke Way

If resubmission, list original ATI#
(Must provide proof of rejection)

San Francisco, CA 94109

ATI Number

415-614-5611 Fax: 415-614-5613

Applicant Information

Name: _____
First name Middle Initial Last Name

Alias/
Maiden: _____
First name Middle Initial Last Name

Home
Address: _____
Street City State Zip

Gender: Male Female Born: _____
State (or Country if not born in USA)

Phone: _____ Email: _____
If no email, put "none"

Date of Birth Social Security # Driver's License or State ID Expires

MM DD YYYY XXX XX XXXX Number State MM DD YY

Height Weight Eye Color Hair Color

Appointment For Live Scan

Date: _____ Time: _____

Location: _____
Street City State Zip

Live Scan Operator

Operator who completed Live Scan Date Completed

Transmitting Agency LSID ATI Number Amount Collected

Instructions

- > Take 2 copies of the completed form and a **Valid ID** to the LiveScan appointment
- > LiveScan Operator completes bottom section and keeps one copy and gives you a copy
- > Make 2 more copies of the completed certified form
- > Give 1 copy to the Parish/Agency and 1 copy to the San Francisco Archdiocese