



**Arkansas Department of Human Services
 Division of Children and Family Services
 CERTIFICATION OF ABSENCE OF CRIMINAL RECORD
 (For Youth Age 10-17)**

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Child's Name: _____ DOB: _____

I hereby verify that my child(ren) age 10-17 listed above do(es) not possess a criminal record.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

County of _____ State of Arkansas	
Acknowledged before me, this _____ day of _____, _____	
_____ Notary Public	My commission expires: _____