

Police Records Check and Release Form (SF39)

Please submit this form only to **Police Vetting Section (CRO)**, Dame Lois Browne-Evans Building, 58 Court Street, Hamilton, Bermuda. Opening hours: **9:00am – 4:00pm (closed 1:00pm – 2:15pm) Mon-Fri | Email: vetting@bps.bm**

Section 1

read all Guidance Notes

Instructions: Complete all relevant fields and follow the submitting instructions as outlined in the Guidance Notes.

Full Name			
Any Other Name (i.e. Maiden or Deed Poll)			
Age		Gender	
Date of Birth		Country of Birth	
Current Address			
Telephone Numbers	(w)	(h)	(c)
Email address			
*Full Name and Address of recipient			
Reference Number (if applicable)			
Reason for Application			
*I authorize the Bermuda Police Service to disclose details of my previous convictions (if any) to the recipient named above.			
Collection / Return Option for completed forms			
Section 2			
I authorize the person listed be	elow to act on my behalf	in this matter.	
I authorize			
Contact Number(s)			
Signature:	Date:		
Declaration : I, herewith, confirm that to the best of my knowledge, the above information is true and accurate. I also confirm that I have			