

ID RESOURCE # Record ID Resource # as appropriate.
DOCKET/FILE #: Record your Court Docket File # as appropriate.
COURT LIAISON: Record Name of Court Liaison.
Relationship to Applicant

- G** – Guardian (S) (at least one person must be so designed)
- M** – Maiden Name/Alias must be completed for every guardian (“G”)
- E** – 18 Year old or older residing in a proposed Guardian’s household
- F** – Family Member
- O** – Other Household Member

Inquiry concerning Guardianship/State Central Register form should be sent to:

**The New York State Central Register
 Of Child Abuse and Maltreatment
 P.O. Box 4480
 Albany, N.Y. 12204-0480
 Attn: Service Center Unit**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER MORE FORMS:

Please access the **(OCFS-4627) Request for Forms and Publications**, from the Intranet:

<http://ocfs.state.nyenet/admin/forms>. Internet: <http://www.ocfs.state.ny.us/main/>.

Mail the completed **Request for Forms and Publications**, to the **Office of Children and Family Services, Forms Management Unit, Room 101, South Building, 52 Washington Street, Rensselaer, NY 12144**. If you have difficulty accessing a form on either site, you can call **The forms Hot Line at: 518-473-0971**.