



Resource Family Application



General Information

Family name _____

Physical address _____ City _____ State _____ ZIP code _____

Mailing address _____ City _____ State _____ ZIP code _____

Finding directions to your home:

Home: Rent Own Square footage: _____ Number of bedrooms: _____

Resource Applicant Information

For **each adult applicant**, provide the following information:

First name _____ Middle name _____ Last name _____

Other names used including maiden name _____

Date of birth _____ Social Security number _____ Gender _____

Tribe, if applicable _____ Race _____ Are you a U.S. citizen?
 Yes No

Work phone _____ Cell phone _____ Home phone _____

Email address _____

List each state or country you have lived in within the last five years _____

Select one: Single Unmarried couple Married Divorced Widowed Separated

Number of previous marriages: _____

Highest grade completed _____ Advanced degree? Yes No

Have you served or are you currently serving in the armed forces? Yes No

Branch of service _____ Service dates _____

Are you employed? Yes No Total approximate monthly take-home pay: _____

Employer name _____

Supervisor's name _____ Supervisor's phone number _____

First name _____ Middle name _____ Last name _____

Other names used including maiden name _____

Date of birth _____ Social Security number _____ Gender _____

Tribe, if applicable _____ Race _____ Are you a U.S. citizen? Yes No

Work phone _____ Cell phone _____ Home phone _____

Email address _____

List each state or country you have lived in within the last five years _____

Select one: Single Unmarried couple Married Divorced Widowed Separated

Number of previous marriages: _____

Highest grade completed _____ Advanced degree? Yes No

Have you served or are you currently serving in the armed forces? Yes No

Branch of service _____ Service dates _____

Are you employed? Yes No Total approximate monthly take-home pay: _____

Employer name _____

Supervisor's name _____ Supervisor's phone number _____

Other Household Members N/A

All other persons residing in the home must be listed including children, relatives, and non-relatives. Add additional sheets as necessary or use the "+" button on the electronic form to add more household members. For each school-age child, list a contact person and contact information at the child's school, such as the principal, counselor, or teacher. A reference is obtained on each school-aged child.

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender
 Male Female _____
Social Security number Relationship to applicant

School name or home-schooled? Yes No

School official to contact, and phone number

Household Member's Full Legal Name

First name Middle name Last name Date of birth

Gender
 Male Female _____
Social Security number Relationship to applicant

School name or home-schooled? Yes No

School official to contact, and phone number

Applicant's Child(ren) Under 18 Years of Age Not Living in the Home N/A

List each applicant's child(ren) under 18 years of age not living in the home and explain why he or she does not reside in the home.

Child's Full Legal Name

Child's first name Middle name Child's last name Date of birth

Address City State ZIP code

Reason out of home

Additional Information

Have you ever applied to foster, adopt, or provide child care? Yes No
If yes, list name and agency address or person who facilitated your application

Have you or any household member:

- Had any criminal charges filed or been arrested?

Yes No

If yes, explain:

- entered a plea of guilty or nolo contendere to a crime?

Yes No

If yes, explain:

- been investigated for child physical abuse, sexual abuse, or neglect?

Yes No

If yes, explain:

References

As part of the applicant assessment, references are requested including employers, adult children, behavioral health professionals, and other individuals with personal knowledge of the applicant and the applicant's family.

Personal

Applicants must provide the name and contact information for four personal references, only one of whom can be a family member.

First name _____ M.I. _____ Last name _____ Phone number _____
Address _____ City _____ State _____ ZIP code _____
Relationship _____

First name _____ M.I. _____ Last name _____ Phone number _____
Address _____ City _____ State _____ ZIP code _____
Relationship _____

First name _____ M.I. _____ Last name _____ Phone number _____
Address _____ City _____ State _____ ZIP code _____
Relationship _____

First name M.I. Last name Phone number

Address City State ZIP code

Relationship

First name M.I. Last name Phone number

Address City State ZIP code

Relationship

First name M.I. Last name Phone number

Address City State ZIP code

Relationship

Counseling or Inpatient Treatment N/A

If any member of the household participates or has participated in any type of counseling, therapy, or inpatient treatment, provide the following information. If more than one provider was seen, list each provider separately.

Household member's name Dates of treatment

Provider's name and contact information

Adult Child(ren) N/A

List each applicant's child(ren) 18 years of age or older.

Adult Child's Full Legal Name

First name M.I. Last name Phone number

Address City State ZIP code

Do you have contact with this adult child? Yes No

Signature and Agreement

I, the undersigned, have provided accurate information and authorize DHS to use this information, including the national criminal background investigation, all applicable out-of-state child abuse and neglect registry checks, an Oklahoma Child Abuse and Neglect Information Systems check, and all accompanying records, in completing an assessment of the application. I further authorize DHS to conduct a Juvenile Justice Information System review for children 13 years of age and older, contact references, and contact me by email. **I understand that failure of all household members 18 years of age and older to sign this form will result in denial or withdrawal of the application.**

By signing this application, I agree to complete these activities and provide these documents or information within 20-calendar days of my signature date.

Unsworn Declaration Under Penalty of Perjury

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this ____ day of _____, 20 ____ at (city) _____,
(state) _____.

Applicant signature Date Applicant signature Date

Adult household member signature Date Adult household member signature Date

Adult household member signature Date Adult household member signature Date

Notice

DHS has assured compliance with United States Department of Health and Human Services (DHHS) Regulations, Title 45, Code of Federal Regulations, Part 80, that implements Public Law 88-352, Civil Rights Act of 1964, Section 601, Part 84, that implements Public Law 93-112, Rehabilitation Act of 1973, Section 504, and Part 90, that implements Public Law 94-135, Age Discrimination Act of 1975, Section 301. These laws and regulations prohibit excluding participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance, any person on the grounds of race, color, or national origin or any qualified person on the basis of handicap or, unless program-enabling legislation permits, on the basis of age. Under these requirements, payment cannot be made to vendors providing care, services, or both under federally-assisted programs conducted by DHS unless such care, service, or both is provided without discrimination on the grounds of race, color, national origin, or handicap or without distinction on the basis of age, except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the DHS Director, PO Box 25352, Oklahoma City, Oklahoma 73125, Secretary of Health and Human Services, Washington D.C., or both.

Attachment A

- Alternate caregiver contact information

First name M.I. Last name Phone number

Address City State ZIP code

- Permanent custodian contact information

First name M.I. Last name Phone number

Address City State ZIP code

- Form 04AF008E, Medical Examination Report, for each adult household member 18 years of older. Appointment date(s) _____
- Form 04AF010E, Resource Family Financial Assessment
- Form 04AF017E, Family Health History, for each adult household member 18 years of age or older.
- Form 04AF039E, Child(ren)'s Health Statement, from the physician for each child in the household, not in DHS custody - Appointment date(s) _____
- Copy of all divorce decrees for each applicant, when applicable
- Copy of automobile insurance verification
- Copy of Certificate of Degree of Indian Blood (CDIB) card, when applicable
- Copy of current marriage license, when applicable
- Copy of DD Form 214, Certificate of Release from Active Military Duty, for each applicant, when applicable
- Copy of driver license for each applicant
- Copy of immunization record for each child in household who is not in DHS custody, when applicable
- Copy of paycheck stub(s)
- Copy of pet vaccination record(s), when applicable
- Copy of Social Security card for each applicant
- Copy of tribal membership card, when applicable
- Submit fingerprints
- Verification of lawful residence when not born in the United States, when applicable
- Other, specify: _____

DHS Use Only

Check each type of resource assessment requested:

- foster home kinship foster home adoptive home both adoptive and foster home

Applications cannot be processed until all documentation is received

- DHS received documentation from applicant on: _____



Request for Background Check



Applicant Information

First name _____ Middle Name N/A _____ Last name _____

Aliases, including maiden: N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) _____

_____ Male Female _____
Date of birth _____ Height _____ Weight _____

_____ _____
City and state of birth _____ Social Security number _____

_____ _____ _____ _____
Hair color _____ Eye color _____ Driver license (DL) number _____ State DL issued _____

_____ _____ _____ _____
Mailing address _____ City _____ State _____ ZIP code _____

_____ _____ _____
Phone number _____ Fax number _____ Email _____

Previous Five Years Residency

List all states, other than Oklahoma, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

State	Start date	End date

List all countries, other than the United States of America, you have lived in during the past five (5) years.

N/A (check box if this section does not apply to the applicant)

Country	Start date	End date

Have you ever been convicted of a crime?

Yes No

If yes, explain:

Consent and Signature

- I understand the Oklahoma Department of Human Services (DHS) will evaluate the results of the state background checks and/or national fingerprint-based background check as part of a comprehensive review.
- I understand DHS will evaluate child abuse and neglect history for Oklahoma and all other states as required and when available as part of a comprehensive review.
- I understand registration on the Restricted Registry may occur when there is a confirmed or substantiated finding of abuse or neglect against a child in care.
- The Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify the DHS Office of Background Investigations (OBI) of any future Oklahoma criminal arrests through the Records of Arrest and Prosecution (RAP) Back service.
- I understand my fingerprints will be used to check the Federal Bureau of Investigation's (FBI's) criminal history records. The FBI will retain my fingerprints and associated information/ biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.
- I understand I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Section 16.34 of Title 28, United States Code of Federal Regulations. Additional information: <https://www.fbi.gov/about-us/cjis/background-checks>

- I have received and reviewed the privacy policy. View the privacy policy online at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature _____

Date _____

Background Check Purpose

This section is completed by the DHS representative or requesting authority.

Request Type and Reason

Adoption

- Indian Child Welfare (ICW) or tribal adoption
- DHS adoption
- Private domestic adoption
- Private international adoption

Erica's rule

- Erica's rule

Foster care

- Alternate caregiver
- Contracted resource family partnership (RFP)
- Developmental Disability Services (DDS) specialized foster care
- Emergency after hours placement-follow up (Purpose Code X)
- ICW or tribal foster care
- DHS foster care
- Therapeutic foster care (TFC)

Guardianship

- ICW or tribal guardianship
- DHS guardianship
- Private guardianship

Host homes

- Host homes

Immediate Protective Action Plan (IPAP) or Safety Plan

- Immediate Protective Action Plan (IPAP) or Safety Plan

Re-issue

- Re-issue child welfare fingerprint result within last five years
- Re-issue child welfare name based result within last 30 calendar days

Trial reunification

- Trial Reunification

If requesting a national fingerprint background check, you must be fingerprinted prior to completing this form. If you have not been fingerprinted, a complete national fingerprint-based background check cannot be conducted.

Transaction control number/TCN#

Questions?

Contact the Office of Background Investigations

1-800-347-2276

OBICW@okdhs.org

DHS Representative or Requesting Authority

Name Title

Mailing address City State ZIP code

Phone number Fax number Email

Stop! This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by DHS OBI, OSBI, and the FBI.

Routing

Send completed request by mail to:
DHS Office of Background Investigations
PO Box 268935
Oklahoma City, OK 73126

Or scan and send completed request by email to:
OBICW@okdhs.org

Or by fax to:
405-702-5053

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

Per Record Fee
Regular Certified

- Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]\$25.00 or\$28.00
- Collision Report. Provide Date: _____ City/County _____ \$7.00 or \$10.00
- Other Driving Record(s) (please specify record by type and date): _____
Per Page Fee Per Certified Record Fee

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] \$ 0.25 or \$ 3.00
Total fee due is cost per line

for:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____ mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought.
- I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

1. Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
3. Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
4. Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
5. Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request

Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor' or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request

Signature of Person Making Request

Wesleyan Youth Inc.

Date mm/dd/yyyy

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

341 E. Choctaw Ave.

McAlester

OK

74501

Address

City

State

Zip



Mail completed form along with appropriate fees to:
Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136-0415

Fees are listed above.
Please send total amount due in form of :
Cashier's Check, Money Order, Personal or Business Check
Cash is accepted only when paying in person.
Record fees are in accordance with Oklahoma Statutes.



Request for Background Check



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First name _____ Middle Name N/A _____ Last name _____

Aliases, including maiden: N/A (check box if this section does not apply to the applicant)

First name	Middle name	Last name

Nickname(s) _____

_____ Male Female _____
Date of birth _____ Height _____ Weight _____

City and state of birth _____ Social Security number _____

Hair color _____ Eye color _____ Driver license (DL) number _____ State DL issued _____

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State	Start date	End date

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Country	Start date	End date

Have you ever been convicted of a crime?

Yes No

If yes, explain:

Consent and Signature

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- I have received and reviewed the privacy policy. View the privacy policy online at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

I certify that all personal identifying information provided on this form is true and correct. I understand the purpose of this form and background check and grant permission, without recourse, for the use and release of information as necessary for the purpose of an Oklahoma name-based and/or a national fingerprint criminal background check and driving record. This information cannot be released for any other purpose without my written permission.

Signature _____

Date _____

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Request Type and Reason

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Transaction control number/TCN#

Questions?
 Contact the Office of Background Investigations
 1-800-347-2276
OBICW@okdhs.org

DHS Representative or Requesting Authority

Name	Title
------	-------

Mailing address	City	State	ZIP code
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Phone number	Fax number	Email
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Stop! This form **must** be signed by the subject of the background check.

Note: This form and the information contained within including, but not limited to, obtaining accurate information and signatures, are the responsibility of the person submitting this request. Paper copies must be kept on file for a minimum of five (5) years and are subject to audit by DHS OBI, OSBI, and the FBI.

Routing

Send completed request by mail to:
 DHS Office of Background Investigations
 PO Box 268935
 Oklahoma City, OK 73126

Or scan and send completed request by email to:
OBICW@okdhs.org

Or by fax to:
 405-702-5053

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

Per Record Fee
Regular Certified

- Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]\$25.00 or\$28.00
- Collision Report. Provide Date: _____ City/County _____ \$7.00 or \$10.00
- Other Driving Record(s) (please specify record by type and date): _____

	Per	Per Certified
	Page Fee	Record Fee

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] \$ 0.25 or \$ 3.00
Total fee due is cost per line

for:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____
mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought.
- I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

1. Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
3. Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
4. Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
5. Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request _____

Signature of Person Named in Request _____

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor' or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request _____

Signature of Person Making Request _____

Wesleyan Youth Inc.

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

Date _____
mm/dd/yyyy

341 E. Choctaw Ave. McAlester
 Address City

OK 74501
 State Zip



Mail completed form along with appropriate fees to:
 Department of Public Safety
 Records Management Division
 P. O. Box 11415
 Oklahoma City, OK 73136-0415

Fees are listed above.
 Please send total amount due in form of :
 Cashier's Check, Money Order, Personal or Business Check
 Cash is accepted only when paying in person.
 Record fees are in accordance with Oklahoma Statutes.