



### **Background Check Information Form**

**\*All information is required.** By filling this out you authorize Vigilant Ministry Partners to run a background check on you.

Name of the Requesting Organization (your church, mission agency, or nonprofit name):

\_\_\_\_\_

Full Legal First Name: \_\_\_\_\_

Full Legal Middle Name: \_\_\_\_\_

Full Legal Last Name: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Residential Mailing Address (\*No P.O. Boxes):

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For customer support, email us at [support@vigilantmp.com](mailto:support@vigilantmp.com)

To order another background check, visit [vigilantmp.com](http://vigilantmp.com)