



CBR

Name or Address Change for Enrollment in the Division's Central Background Registry

Instructions: If your personal information has changed during your enrollment in the Central Background Registry, fill out this form, sign it, and return it by mail or fax to the Division. Include your current or previous information in the correct box, followed by the new information. List all name, address, and contact information that has changed. **DO NOT RETURN THIS FORM IF YOUR INFORMATION ON FILE WITH THE DIVISION IS CORRECT.** Call 503-947-1400 or 1-800-556-6616 for questions regarding name and address information on file.

Central Background Registry Enrollment Information ON FILE with the Division

Name (Last, First, MI)		
Physical Address		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Phone Number	Date of Birth	

NEW Central Background Registry Enrollment Information

Name (Last, First, MI)		
Physical Address		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Phone Number	County (physical address)	

Registry Number: _____ Expiration Date: _____

Signature

Effective Date

Return form by mail to: Child Care Division
875 Union St NE
Salem OR 97311

Return form by fax to: Child Care Division
503-947-1428
Attn: New CHR Info