



JUDICIAL DEPARTMENT - MAGISTRATES' COURT  
DAME LOIS BROWNE EVANS BUILDING, 58 COURT STREET HAMILTON HM 12, BERMUDA  
TELEPHONE: 1 (441) 295 5151 E-MAIL: RECORDS@GOV.BM

## **RECORD REQUEST FORM**

*Receipt #* \_\_\_\_\_

I hereby request copies of **CRIMINAL** convictions (if any) for the period:

***Please check one box***

- ☐ **3** years to present    ☐ **5** years to present    ☒ **7** years to present  
☐ from **1996** to present

***Please Print Below***

Full Name: \_\_\_\_\_  
*First Middle Name(s) Last*

Maiden Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address \_\_\_\_\_

Passport #: \_\_\_\_\_ Driver License # \_\_\_\_\_

Phone Contact #'s Cell \_\_\_\_\_ Home \_\_\_\_\_

☒ **I authorize:** \_\_\_\_\_ **Tiara Capri Correia** \_\_\_\_\_ to collect on my behalf.

\_\_\_\_\_  
*I understand that the research for this information takes approximately fifteen (15) working days, together with an administrative fee of \$10.00 per application.*  
**Valid Color Photo ID is required.**

Signed \_\_\_\_\_ Dated \_\_\_\_\_