



Warren C. Evans
Wayne County Sheriff

CRIMINAL HISTORY RECORD REQUESTS (CCH)

CARRYING CONCEALED WEAPONS – COUNTY OF WAYNE

CONTROL # _____ **DATE** _____

Print Name: _____
(Last) (First) (Middle)

Sign Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone w/area code: _____ **Work or other No:** _____

Date of Birth: _____ **Race:** _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____

Driver's License Number _____ **Expiration Date:** _____

Place of Birth: _____ **Scars, Marks, Tattoos:** _____

U. S. Citizen: YES NO (circle one)

IF YOU WERE NOT BORN IN THE UNITED STATES YOU MUST FURNISH PROOF OF CITIZENSHIP (I-551 OR CERTIFICATE OF NATURALIZATION)