

# Criminal Background Check Report

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## Personal Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>
Address:	<input type="text"/>
Report Date:	<input type="text"/>

## Criminal Record Summary

Offense	Date	Case Number	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Remarks

## Authorized Signature

Name:

Title:

Date:

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*This report is confidential and intended for authorized use only.*