

Saint Philip Orthodox Christian Church

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Pennsylvania Residency

Print Name:	
Please check	k the appropriate line
that	I have not lived in PA during at least the entirety of the past 10 consecutive years. I understand I must complete the FBI criminal history clearance. (you do not need to complete the on on the bottom half of this page)
Date moved	to PA
Signature:	Date:
	_ I have lived in PA during at least the entirety of the past 10 consecutive years (please also read sign the section on the bottom half of this page)
Lived in PA m	ny entire life Yes If not, date (or year) moved to PA
Signature:	Date:
l affirm that l i. ii.	I am not named in the statewide database (pursuant to a DHS Child Abuse History Clearance) as the perpetrator of a founded report committed within the last five years My PA State Police Criminal Background check OR FBI check does not reveal a conviction for any of the following at any time in the past: a. Criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing death of child; endangering welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual materials and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the above offenses. In addition, I have not been convicted of an offense similar in nature to the crimes listed above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth. My PA State Police Criminal Background check OR FBI check does not reveal a conviction for a drug or drug-related felony in the past five years, including felony convictions under the Controlled Substance, Drug, Device and Cosmetic Act.
Signature:	Date: