



FAX COVER SHEET

Baptist Health Care Student – Order Form

1-800-356-6885

Person Ordering Work: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Applicant's Name (including any other names used): _____

Social Security Number: _____ Date of Birth: _____

Package -1

- Social Security Trace (Name & Address Verification)
- State Criminal Record Search
- National Criminal Database Search (including Sex Offender Registry + OIG Check)
- Federal District Criminal Court Search

Base Price: \$15.45**

****Please note that the State of Florida charges a fee of \$24.00, which is NOT included in the Base Price.**

****Please note that additional fees apply for additional areas of residence plus names used.**

****Please note – you will be contacted by Justifacts with the final amount when the report is complete.**

Credit Card Payment Information **Visa** **Mastercard**

Card Number: _____

Expiration: _____ **CVV or CVCS Code:** _____

Card Billing Address: _____

Name on Card: _____