CHILD CARE APPLICANTS LIVING OUTSIDE OF NEW MEXICO

NM Early Childhood Education & Care Department (ECECD) Abuse and Neglect Authorization

ease spell out every name, no in	ntials. If no middle name, please mulear	e mini .		
ocial Security Number:		Date o	f Birth:	
ace of Birth (city, state, country	r):			
arrent physical address:		State:	Zip:	
ailing address:		State:	Zip:	
one number:				
urrent and Previous Spouse(s)/Significant Other(s):			
Full name(s)	Date of birth, if kn	own	Social Security Numb	er, if known
	ther children who have ever lived in	your home:	Date of birth	
Full name(s)			Date of birth	
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