

Sheriff

DAVID B SHOAR

OFFICE
904/810-6610



ST JOHNS COUNTY SHERIFF'S OFFICE

4015 LEWIS SPEEDWAY, SAINT AUGUSTINE, FLORIDA 32084
904/209-1542 (FAX) • EMAIL: SJSORECORDS@SJSO.ORG

DATE:

Dear Sir or Madame:

This is to certify that the below named individual does not have a local record with the St. Johns County Sheriff's Office as of this date. If we can be of further assistance, please do not hesitate to contact us.

This background check applies to St. Johns County ONLY. If you reside in another county/state, please contact your local law enforcement agency as well.

NAME: _____

MAIDEN/ALIAS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SEX: _____

RACE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

FOR THE SHERIFF:

Sincerely,

Recording Section / GNSV

STATE OF FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS

_____ DAY OF _____ 20_____, BY _____

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____.

STATE OF FLORIDA NOTARY

Sheriff
DAVID B SHOAR



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