

RESOURCE ID # Record Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us
DOCKET/FILE #: Record your Court Docket File # as appropriate.
COURT LIAISON: Record Name of Court Liaison.

Relationship to Applicant

- G** – Guardian (S) (at least one person must be so designed)
- M** – Maiden Name/Alias must be completed for every guardian (“G”)
- E** – 18 Year old or older residing in a proposed Guardian’s household
- F** – Family Member under 18 years of age
- O** – Other Household Member under 18 years of age

Inquiry concerning Guardianship/Statewide Central Register completed form (OCFS-3909) should be sent to:

**The New York Statewide Central Register
 Of Child Abuse and Maltreatment
 P.O. Box 4480, Attn: Service Center Unit
 Albany, N.Y. 12204-0480**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
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PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER A SUPPLY OF OCFS-3909 FORMS:

Please access the **Request for Forms and Publications, (OCFS-4627)** from the Internet:
http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications, (OCFS-4627)** to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, Fourth Ave, Rensselaer, NY 12144-2629**. If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.