



Criminal Records – Disputed Record Form

Please type the information directly into this form or complete the form in black ink using CAPITAL LETTERS.

1. Applicant Details Mark check boxes with a cross (X).

Current Family Name						
All Given Names						
Date of Birth (DD/MM/YYYY)		Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Day time telephone numbers					Email	
Australian Drivers Licence Number		Issuing State			AFP reference on Certificate	

Current Residential Address

Unit No.	Street No.	Street Name / Street Type			
Suburb (and country if outside Australia)			State	Postcode	

2. Criminal record information in dispute:

Please outline the reasons for disputing your criminal record. Include sufficient information and supporting documents to enable the AFP to assess your application. Information must include details of the offences and/or information in dispute including arrest name, court, court date and outcome. AFP may require comparison fingerprints to resolve some disputes (applicants will be notified in such instances). Add additional pages if necessary.

Signature:			Date: / /

Completed applications should be sent to:
Post: AFP Criminal Records, Client Services Team, GPO Box 401, CANBERRA ACT 2601
Email: CriminalRecords-ClientServices@afp.gov.au

For any queries please telephone Criminal Records on 02 6131 5988.