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CRIMINAL INVESTIGATION REFERENCE FORM

Transmission of this form implies acceptance of the conditions written below.

Date: _____

Bill to: (Please write clearly)

Name: (client or company)	
Phone:	Fax:
Address: (street, city, province, postal code)	
Submitted by:	Number of verifications:
Email:	

Please write clearly

1.

Name:	First name:
Date of birth: (obligatory) (DD, MM, YYYY)	

2.

Name:	First name:
Date of birth: (obligatory) (DD, MM, YYYY)	

3.

Name:	First name:
Date of birth: (obligatory) (DD, MM, YYYY)	

4.

Name:	First name:
Date of birth: (obligatory) (DD, MM, YYYY)	

5.

Name:	First name:
Date of birth: (obligatory) (DD, MM, YYYY)	

I authorize Oligny-Thibodeau Inquiry Services to obtain the necessary information to establish the existing criminal prosecution record concerning the individual mentioned above. The client is responsible for verifying the identity of the individual (exact name, first name, date of birth, etc.) on identification cards. Oligny-Thibodeau Inquiry Services is not responsible for any damages or expenses caused by fraudulent information provided by the inquired individual or by the results of our verification. The result of the inquiry does not exclude doubt and is not guaranteed.

Inquiries are PAYABLE IN ADVANCE. Please provide the numbers, the expiry date and the 3 security numbers of your Visa or Mastercard card by email at info@oligny-thibodeau.com or by calling 514 856-7723.