Date Fingerprinted: _____

NAME:
(PRINT) _____
LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH _____

ALIAS(ES) INCLUDING MAIDEN NAME:

PLACE OF BIRTH _____

SEX _____ RACE _____ HEIGHT_____ WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

CITIZENSHIP_____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

OCCUPATION _____

DEPARTMENT ACCOUNT NUMBER _____

DEPARTMENT NAME & ADDRESS **_____**

_____

Info on this form is mandatory for submission of fingerprints to the State and F.B.I. The sheet will be retained by the Sheriff's Office until transmission of the fingerprints has been verified and will then be shredded.

Rev.: 12/06