

APPLICANT		5										
SIGNATURE OF PERSON FINGERPRINTED 1		ALIASES <u>AKA</u>		O R I				DATE OF BIRTH <u>DOB</u> Month Day Yr				
RESIDENCE OF PERSON FINGERPRINTED 2		6						7				
DATE 3		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 4		CITIZENSHIP <u>CTZ</u>		SEX 8	RACE 9	HT 10	WGT 11	EYES 12	HAIR 13	PLACE OF BIRTH <u>POB</u> 14
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>				LEAVE BLANK						
REASON FINGERPRINTED		FBI NO. <u>FBI</u>				CLASS _____						
		ARMED FORCES NO. <u>MNU</u>				REF. _____						
		SOCIAL SECURITY NO. <u>SOC</u> 15										
		MISCELLANEOUS NO. <u>MNU</u>										

DO NOT MARK IN THIS AREA

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

ALL INFORMATION IS TO BE PRINTED OR TYPED IN BLACK INK

The following sections are to be left blank until the time of fingerprinting. Complete this section in the presence of the official taking fingerprints:

1. Signature of applicant
2. Address of applicant

The following sections are to be completed by the official taking fingerprints:

3. Date of fingerprinting
4. Signature of official

The following sections can be completed prior to fingerprinting:

5. Name (Last, First, Middle)
6. Aliases (to include nicknames, maiden name, other married names)
7. Date of Birth (Month, Day, Year)
8. Sex
M - Male F - Female
9. Race
W - Caucasian/Hispanic B - Black
A - Asian/Pacific Islander I - American Indian/Alaskan Native
10. Height
11. Weight
12. Eye Color
BLK - Black BRO - Brown
GRN - Green BLU - Blue
GRY - Gray HAZ - Hazel/Multiple
13. Hair Color
BLK - Black BLN - Blond
BRO - Brown GRY - Gray
RED - Red SDY - Sandy
WHI - White BAL - Bald
14. Place of Birth (State or Country)
15. Social Security Number