

LEAVE BLANK		CRIMINAL		STATE USAGE NFF SECOND			(STAPLE HERE)			LEAVE BLANK					
				SUBMISSION			APPROXIMATE CLASS			AMPUTATION			SCAR		
STATE USAGE				LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX											
SIGNATURE OF PERSON FINGERPRINTED				SOCIAL SECURITY NO.				LEAVE BLANK							
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX															
FBI NO.		STATE IDENTIFICATION NO.		DATE OF BIRTH		MM	DD	YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING				5. R. LITTLE					
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING				10. L. LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY							

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT		DATE OF ARREST	ORI	
SUBMISSION	YES ☐	MM DD YY	CONTRIBUTOR	
TREAT AS ADULT	YES ☐		ADDRESS	
			REPLY DESIRED? YES ☐	
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE	PLACE OF BIRTH (STATE OR COUNTRY)	COUNTRY OF CITIZENSHIP
		MM DD YY		
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
		RESIDENCE/COMPLETE ADDRESS	CITY	STATE
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)	LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE?	YES ☐
			PALM PRINTS TAKEN?	YES ☐
EMPLOYER IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			OCCUPATION	
CHARGE/CITATION			DISPOSITION	
1.			1.	
2.			2.	
3.			3.	
ADDITIONAL			ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION			STATE BUREAU STAMP	