

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND

☐☐☐

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
WASHINGTON, D.C. 20537

PRIVACY ACT OF 1974 (P.L. 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 <input type="checkbox"/>	MM	DD	YY	CONTRIBUTOR
TREAT AS ADULT	YES <input type="checkbox"/>	ADDRESS			
		REPLY DESIRED? YES <input type="checkbox"/>			
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE		PLACE OF BIRTH (STATE OR COUNTY)	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 <input type="checkbox"/>
					PALM PRINTS TAKEN? YES <input type="checkbox"/>
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	