

Fingerprint Card Facsimile

LEAVE BLANK		TYPE OR PRINT ALL DATA IN BLACK Last NAME First Name Middle Name										FBI use only									
USAGE		Alias(es)					Contributor <u>ORI</u>														
Name of Person Printed												Date of Birth <u>DOB</u>		Year		Month		Day			
May be computerized in local, state, & national records		Date Arrested/Received <u>DOA</u>					Sex	Race	Hgt	Wgt	Eye	Hair	Place Birth								
		Your #: <u>OCA</u>					LEAVE BLANK														
Signature of Official Taking Fingerprints		FBI #: <u>FBI</u>					Class. _____														
		SID #: <u>SID</u>					Rep. _____														
Position:		Social Security #: <u>SOC</u>					NCIC CLASS -FPC														
		Caution <input type="checkbox"/>																			
1 R Thumb		2 R Index			3 R Middle			4 R Ring			5 R Little										
1 L Thumb		2 L Index			3 L Middle			4 L Ring			5 L Little										
L 4 Fingers Taken Simultaneously				L Thumb		R Thumb		R 4 Fingers Taken Simultaneously													

