

CIVIL FINGERPRINT APPLICANT
INFORMATON FORM

Date: _____

PRINT LEGIBLY. HAVE YOUR ID READY.

Last Name	First Name	Middle Name
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Address	City	State	Zip
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Aliases/Maiden Name	Date of Birth	SSN
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PLEASE CIRCLE ONE:

Sex: Male Female Height _____ Weight _____

Race: White Black Asian Hispanic Other _____

Eye Color: Blue Brown Green Grey Hazel

Hair Color: Bald Black Blond/Straw Brown Grey Red Sandy White

Place of Birth: City and State or Country Country of Citizenship: US or Other

NAME AND ADDRESS OF AGENCY TO RECEIVE FINGERPRINT RESULTS:

(Teaching Applicants: List each school department requesting results)

REASON FOR FINGERPRINTING:

PLEASE CIRCLE ONE:

Public/Private Education (\$30.00 cash required)

Child Care Foster Care

Day Care/Preschool Adoption

Weapon Permit Housing

Securities/Insurance Nursing

Other _____