

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME John MIDDLE NAME Adam
 Doe John Adam
 (if applicable)

SIGNATURE OF PERSON FINGERPRINTED
 (Sign when fingerprinted)

ALIASES AKA
 Maiden Name or
 Other Names Used
 (if applicable)

O
R
I

ND920270Z
ND OFC MGMT/BDGT
BISMARCK, ND

DATE OF BIRTH DOB
 Month Day Year
06 05 1900

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ
USA (or other)

SEX	RACE	HGT	WGT	EYES	HAIR
M	W	5'8"	160	BRN	BRN

PLACE OF BIRTH POB
Bismarck, ND

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

The person taking the fingerprints MUST sign

YOUR NO. OCA

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

REASON FINGERPRINTED

NDCC 12-60-24 (2)(t)
Access to personal information

SOCIAL SECURITY NO. SOC
123-456-7890

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS _____

REF. _____

All TEN impressions must be provided even if the applicant has scars and deformities. Any missing fingerprints must be noted on the card with the reason it was not printed.

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