# Fingerprint Data Form

_____, _____

Last Name First Name Full Middle Name

Social Security No. _____

Date of Birth _____

Year Month Day

Place of Birth (State) _____

Residence Address _____

_____, _____

City State Zip Code

Phone Number _____

US Citizen? Yes / No (check one)

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Please use codes listed below for the following:

Gender _____ Race _____ Eyes _____ Hair _____

Height _____ Weight _____

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Gender: F - Female
M - Male

Eye Color Options: BLK - Black
BLU - Blue
BRO - Brown
GRN - Green
HAZ - Hazel

Hair Color Options: BAL - Bald
BLK - Black
BRO - Brown
BLN - Blonde
RED - Red
WHI - White

Race: A - Asian
B - Black
H - Hawaiian/ Pacific Islander
I - Indian/Native American
W - Caucasian/Latino