

# FINGER PRINT FORM

(This form must be completed in BLOCK LETTERS)

Name of person being finger printed \_\_\_\_\_

Alias \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Registered number \_\_\_\_\_ Office of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_

Reason for Search \_\_\_\_\_

<b>Office of origin of prints</b>	<b>Full address of office to which this form is to be returned</b>	for use by Criminal Investigation Bureau			
WHERE FINGER-PRINTS ARE NOT SHOWN BELOW INDICATE IN APPROPRIATE SPACE WHETHER- "MISSING" "INJURED", ETC WITH DATE OF AMPUTATION OR INJURY  See reverse of form for address to which finger prints are to be sent and for noted on finger printing		C.I.D H.Q Ref _____			
		Bureau Docket Number _____			
		Bureau Number _____			

### RIGHT HAND

Right Thumb	Right Forefinger	Right Middle Finger	Right Ring Finger	Right Little Finger
-Fold				

### LEFT HAND

Left Thumb	Left Forefinger	Left Middle Finger	Left Ring Finger	Left Little Finger
-Fold				

### LEFT HAND

### RIGHT HAND

Impressions of all LEFT fingers taken simultaneously	Impressions of all RIGHT fingers taken simultaneously
-Fold	

Finger prints taken by \_\_\_\_\_

Date \_\_\_\_\_

For C.C B. use only

Classified by: \_\_\_\_\_

Checked by \_\_\_\_\_

Searched by \_\_\_\_\_

Impress Simultaneously	
LEFT THUMB	RIGHT THUMB

