

INFORMATION REQUIRED FOR ELECTRONIC FINGERPRINT VERIFICATION

COMPLETE LEGAL NAME

Last Name

First Name

Middle Name or NMN

DATE OF BIRTH

____ / ____ / ____
Year Month Day

SOCIAL SECURITY NUMBER

____ - ____ - ____

PLACE OF BIRTH

If born in U.S., enter City & State. If born outside U.S., enter City & Country.

CITIZENSHIP (circle one)

U.S. or OTHER (specify) _____

RACE (check one)

A

____ Chinese ____ Japanese
____ Filipino ____ Korean
____ Polynesian ____ Indian
____ Indonesian ____ Asian
____ Samoan ____ Any Other Pacific Islander

B

____ Black

I

____ American Indian
____ Eskimo
____ Alaskan American
____ Native Person w/ Tribal Affiliation

U

____ Undeterminable Race

W

____ Caucasian ____ Central or South American
____ Cuban ____ Mexican
____ Puerto Rican ____ Other Spanish Culture or Origin

SEX (check one)

____ Male
____ Female
____ Other _____

EYE COLOR (check one)

____ Black ____ Blue
____ Brown ____ Green
____ Hazel ____ Maroon
____ Pink ____ Multi-Colored
____ Unknown

HEIGHT _____ ft _____ in

WEIGHT _____ lbs

HAIR COLOR _____

OCCUPATION _____

SERVICE _____

TYPE OF HIRE (ask if unsure) _____

CURRENT ADDRESS (P.O. Box is not acceptable)

Street

Apt # (if applicable)

City

State

Zip Code

PHONE

(____) _____ - _____

E-MAIL

DATE FINGERPRINTED _____

REGISTRAR'S INITIALS _____