

ELIMINATION FINGERPRINT FORM

This form must be completed in BLOCK LETTERS using black ink.

Palm prints should be taken overleaf.

TO BE USED FOR TAKING PRINTS OF VICTIMS OF CRIME, SUSPECTS AND THOSE WITH LEGITIMATE ACCESS TO A CRIME SCENE.

Name Shiarne Code Taken by _____

Address _____ Rank _____

Offence _____ Date _____

Location _____ Crime Reference Number _____

These prints will be destroyed after the necessary comparisons have been made unless the donor has been found guilty of the crime.

ROLLED IMPRESSION OF RIGHT HAND

1 Right Thumb



2 Right Fore



3 Right Middle



4 Right Ring



5 Right Little



ROLLED IMPRESSION OF LEFT HAND

6 Left Thumb



7 Left Fore



8 Left Middle



9 Left Ring



10 Left Little



PLAIN IMPRESSION OF BOTH HANDS

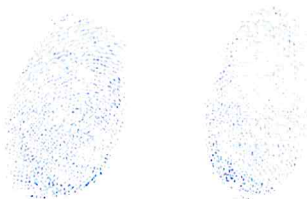
LEFT HAND

Four fingers taken together



TWO THUMBS Taken together

LEFT RIGHT



RIGHT HAND

Four fingers taken together



ELIMINATION FINGERPRINT FORM

Right Hand



Left Hand

