

COOK COUNTY BUREAU OF HUMAN RESOURCES SELF-IDENTIFICATION FINGERPRINT DIVISION

Please print the following information:

Name:		First		MI.		
Gender	Race		Eye Color	Hair (Color	
Height	Weight	Date of Birth	Place of Bir	Place of Birth (State or Country)		
				Are you a	a Military Veteran?	
				Yes	No	
Social Security Number		Marital S	tatus			
Job Title			Department/Number			
Signature:			Date:			