

# 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 State. If Born Outside U.S., enter 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

\_\_\_\_\_  
Street      Apt # (if applicable)

\_\_\_\_\_  
City      State      Zip Code

## PHONE

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## E-MAIL

DATE FINGERPRINTED \_\_\_\_\_

REGISTRAR'S INITIALS \_\_\_\_\_