

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

STATE USAGE

ALIASES

CONTRIBUTOR

SIGNATURE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES

DATE ARRESTED OR RECEIVED DOA SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

CHARGE

FBI NO. FBI

CLASS

SID NO. SID

REF

FINAL DISPOSITION

SOCIAL SECURITY NO. SOC

NCIC CLASS - FPC

CAUTION

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

	YES	NO
PALM PRINTS TAKEN?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
PHOTO AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>

IF ARREST FINGERPRINTS SENT FBI PREVIOUSLY AND FBI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____

STATUTE CITATION (SEE INSTRUCTION NO. 9) CIT

- 1.
- 2.
- 3.

ARREST DISPOSITION (SEE INSTRUCTION NO. 5) ADN

EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY.
IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.

OCCUPATION

RESIDENCE OF PERSON FINGERPRINTED

SCARS, MARKS, TATTOOS, AND AMPUTATIONS SMT

BASIS FOR CAUTION ICO

DATE OF OFFENSE DOO

SKIN TONE SKN

MISC. NO. MNU

ADDITIONAL INFORMATION

INSTRUCTIONS

1. UNLESS OTHERWISE PROVIDED BY REGULATION IN YOUR STATE, FINGERPRINTS ARE TO BE SUBMITTED DIRECTLY TO FBI IDENTIFICATION DIVISION. FORWARD IMMEDIATELY FOR MOST EFFECTIVE SERVICE.
2. FINGERPRINTS SHOULD BE SUBMITTED BY ARRESTING AGENCY ONLY (MULTIPLE PRINTS ON SAME CHARGE SHOULD NOT BE SUBMITTED BY OTHER AGENCIES SUCH AS JAILS, RECEIVING AGENCIES ETC.) REQUESTS COPIES OF FBI IDENTIFICATION RECORD FOR ALL OTHER INTERESTED AGENCIES IN BLOCK BELOW. GIVE COMPLETE MAILING ADDRESS INCLUDING ZIP CODE.
3. TYPE OR PRINT ALL INFORMATION.
4. NOTE AMPUTATIONS IN PROPER FINGER BLOCKS.
5. LIST FINAL DISPOSITION IN BLOCK ON FRONT SIDE. IF NOT NOW AVAILABLE, SUBMIT LATER ON FBI FORM R-84 FOR COMPLETION OF RECORD. IF FINAL DISPOSITION NOT AVAILABLE SHOW PRE-TRIAL OR ARRESTING AGENCY DISPOSITION e.g., RELEASED, NO FORMAL CHARGE, BAIL, TURNED OVER TO. IN THE ARREST DISPOSITION BLOCK PROVIDED ON THIS SIDE.
6. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE.
7. CAUTION - CHECK BOX ON FRONT IF CAUTION STATEMENT INDICATED. BASIS FOR CAUTION (ICO) MUST GIVE REASON FOR CAUTION, e.g., ARMED AND DANGEROUS, SUICIDAL, ETC.
8. MISCELLANEOUS NUMBER (MNU) - SHOULD INCLUDE SUCH NUMBERS AS MILITARY SERVICE, PASSPORT AND/OR VETERANS ADMINISTRATION (IDENTIFY TYPE OF NUMBER).
9. PROVIDE STATUTE CITATION, IDENTIFYING SPECIFIC STATUTE (example - PL for PENAL LAW) AND CRIMINAL CODE CITATION INCLUDING ANY SUB-SECTIONS.
10. ALL INFORMATION REQUESTED IS ESSENTIAL.
11. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

REPLY DESIRED? YES NO

(REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)

IF COLLECT WIRE OR COLLECT TELEPHONE REPLY DESIRED, INDICATE HERE: (WIRE SENT ON ALL UNKNOWN DECEASED)

WIRE REPLY TELEPHONE REPLY TELEPHONE NO. AND AREA CODE _____

SEND COPY TO NAME, ORI NUMBER AND ADDRESS

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