

# FINGER-PRINT FORM

(This form must be completed in BLOCK LETTERS)

Name of person being finger-printed \_\_\_\_\_

Alias \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Registered number \_\_\_\_\_ Office of issue \_\_\_\_\_ Date of issue \_\_\_\_\_

Reason for search \_\_\_\_\_

Office of origin of prints \_\_\_\_\_

WHERE FINGER-PRINTS ARE NOT SHOWN BELOW INDICATE IN APPROPRIATE SPACE, WHETHER - "MISSING" "INJURED", ETC WITH DATE OF AMPUTATION OR INJURY.

See reverse of form for address to which finger prints are to be sent and for notes on finger printing

Full address of office to which this form is to be returned \_\_\_\_\_

For use by Criminal Investigation Bureau					
C.I.D. H.Q. Ref _____					
Bureau Docket Number _____					
Bureau Number _____					

### RIGHT HAND

Right thumb	Right forefinger	Right middle finger	Right ring finger	Right little finger
Fold				

### LEFT HAND

Left thumb	Left forefinger	Left middle finger	Left ring finger	Left little finger
Fold				

### LEFT HAND

### RIGHT HAND

Impressions of all LEFT fingers taken simultaneously	Impressions of all RIGHT fingers taken simultaneously

Finger-prints taken by \_\_\_\_\_

Date \_\_\_\_\_

For C.C.B. Use only

Classified by \_\_\_\_\_

Checked by \_\_\_\_\_

Searched by \_\_\_\_\_

Impress simultaneously	
LEFT THUMB	RIGHT THUMB