**Booking Record Form:**

Institution Name:

**Complete all sections of this form with information from the arrestee, unless the arrestee is uncooperative. If the arrestee is uncooperative complete as much information as possible.**

**Booking Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Offender #: |  | FBI #: |  | DL #: |  |
| Date / Time Admitted: |  | Delivering Auth / Officer: |  |
| Arrest Site / City / Street: |  |
| Detainer / Warrant: |  | Arresting Agency: |  |
| BRAC Level @ Intake: |  |

**Offender Basic Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | SSN: |  |
| Age: |  | DOB: |  | Sex: |  | Ethnicity: |  |
| Height: |  | Weight: |  | Eye Color: |  | Hair Color: |  |
| City / State / Country Of Birth: |  |
| Religious Preference: |  |

**Offender Physical Description / Scars / Marks / Tattoos:**

Physical Description:

Extended Description: (Scars, Marks, Tattoos, etc.)

**Address And Employment Details:**

|  |  |  |
| --- | --- | --- |
| Address Type: | Address: (City, state, zip.) | Telephone: |
| *Mailing:* |  |  |
| *Physical:* |  |  |
|  |
| Employer: |  |  |
| Occupation: |  |

**Offender Contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: (City, state, zip.) | Phone: | Relation: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Offense(s) Description:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ATN: | Case #: | CSF: | MFV: | S / U: | CNTS: | Bail: |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Offender Personal Property:** (List all items. Secure and record valuable items per P&P 811.05.)

**Signature Section:**

I hereby acknowledge the correctness of the above list of my personal property and I acknowledge that I was given the opportunity by staff to make a phone call:

Prisoner Printed Name & Signature: Date:

Booking Officer Printed Name & Signature: Date:

**Releasing Section:**

I hereby acknowledge receipt of all property and cash held in trust by the Department, and verify the Discharge BRAC level recorded below:

Discharge BRAC Level: I consent to be released to:

Prisoner Printed Name & Signature: Date:

Release Date: Time: Type Of Release:

Releasing Officer Printed Name & Signature: Date: