## Fingerprint Card Facsimile

LEAVE BLANK			TYPE OR PRINT ALL DATA IN B Last NAME First Name Middle N										FBI use only						
USAGE Alia:			Alias(es) Cor OR				ntributo	ibutor											
Name of Person Printed												Date of Birth <u>DOB</u> Year Month Day							
																Day			
May be computerized in local, state, & national		Date Arrested/Received DOA					Sex	x	Race	Hgt	W	gt	Eye	Hair	PI	ace E	Birth		
records		Your #: OCA	/our #: <u>OCA</u>					LEAVE BLANK											
Signature of Official Taking Fingerprints	FBI #: <u>FBI</u>	BI #: FBI					-												
· · · · · · · · · · · · · · · · · · ·							Class								_				
Position:	SID #: <u>SID</u>	SID #: <u>SID</u>					Rep							_					
	Social Security #: <u>SOC</u>										ICIC CLASS -FPC								
	Caution										N		JLA	55					
1 R Thumb	2 R Index			3 R Middle				4 R Ring				5 R Li			R Littl	tle			
1 L Thumb	2 L Index			3 L Middle					4 L Ring				5 L Little						
L 4 Fingers Taken Simultaneously			L Thum	nb	R 1	Thumb		R 4	4 Finge	ers Ta	aken	Sim	ultane	ously					

Form 20-811.09A Rev. 11/84

## **Fingerprint Card Instructions**

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C., 20537									
Palm Prints Taken?	INSTRUCTIONS 1. Unless otherwise provided by State regulations, Fingerprints are to be submitted directly to FBI Identification Division. Forward								
ARREST FINGERPRINTS SENT TO FBI PREVIOUSLY AND FBI # UNKNOWN, Arrest # Date STATUE CITATION <u>CIT</u> (see instruction #5)	<ul> <li>immediately for most effective service.</li> <li>2. Fingerprints should be submitted by <u>ARRESTING AGENCY ONLY</u> (Multiple prints on the same charge should not be submitted by other agencies, such as jails, receiving agencies, etc.) Request copies of FBI Identification record for all other interested agencies. In block below give complete mailing address including zip code.</li> <li>3. Type or print al information.</li> </ul>								
EMPLOYER: If US govn., indicate agency, if military, list branch or service and serial number	<ul> <li>4. Note amputations in proper finger blocks.</li> <li>5. List Final Disposition in block on front side. If not now available, submit later on FBI Form R-84 for completion of record. I f Final Disposition not available show pre-trial or arresting agency disposition, e.g., released, no formal charge, bail, turned over to, in arrest disposition block provided on this side.</li> <li>6. Make certain all impressions are legible, fully rolled &amp; classifiable.</li> </ul>								
OCCUPATION: RESIDENCE OF PERSON FINGERPRINTED	<ol> <li>CAUTION – check box on front if caution statement indicated bases for caution, (ICO), must give reason for caution, e.g., armed and dangerous, suicidal, etc.</li> <li>Miscellaneous number (MNU) – should include such numbers as military service, passport and/or Veterans Administration (Identify</li> </ol>								
SCARS, MARKS, TATTOOS, AMPUTATIONS <u>SMT</u> BASIS FOR CAUTION <u>ICO</u>	<ol> <li>Provide statue citation, identifying specific state, (example – PL for PENAL LAW) and criminal code citation including sub-sections.</li> <li>All information requested is essential.</li> <li>Privacy Act of 1974 (PL 93-579) requires that federal, state or local agencies inform individuals whose social security number is requested weather such disclosure is mandatory or voluntary. Basis of authority for such solicitation and uses which will be made of it.</li> </ol>								
	REPLY DESIRED?       YES       NO         Reply will be sent in all cases if subject found to be wanted.								
NATURE OF OFFENCE DOO	If collect wire of collect telephone reply desired, indicate here. (Wire sent on all unknown deceased.) WIRE REPLY TELEPHONE REPLY Telephone No. and Area Code No.								
MISCELLANEOUS NUMBER MNU	SEND COPY TO: NAME, ORI NUMBER AND ADDRESS								
ADDITIONAL INFORMATION	LEAVE BLANK								

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