

APPLICANT INFORMATION FOR STATE AND FEDERAL FINGERPRINT BACKGROUND CHECKS

APPLICANT NAME: _____
FIRST MIDDLE (NO INITIALS) LAST

ALIASES/AKA: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

SEX: _____ RACE: _____

WEIGHT: _____ HEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____
(Use chart) (Use chart)

Hair and Eye Color Codes		
BAL-Bald	GRY-Gray	SDY-Sandy
BLK-Black	GRN-Green	WHI-White
BLN-Blond	HAZ-Hazel	ONG-Orange
BRO-Brown	PNK-Pink	RED-Red/Auburn
BLU-Blue	MAR-Maroon	PLE-Purple

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____