

JEFFERSON COUNTY RECORDS UNIT
FINGERPRINTING INFORMATION FORM
PLEASE PRINT

Today's Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Aliases/Maiden: _____

Date of Birth: _____
MM/DD/YYYY

Eyes: _____ **Hair:** _____ **Weight:** _____ **Height:** _____ **Sex:** _____

Social Security Number: _____

Place of Birth: _____
(State)

Race: _____ **Country of Citizenship:** _____

Mailing Address: _____

City: _____ **State:** _____

Zip Code: _____

Phone Number: _____

Reason for Fingerprinting: _____
(adoption, child care, CCW permit, liquor license, other)

Employer: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____