JEFFERSON COUNTY RECORDS UNIT
FINGERPRINTING INFORMATION FORM
PLEASE PRINT

Today's Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Aliases/Maiden: _____

Sex: ___ Race: _____ Eye: _____ Hair: _____ Height: _____ Weight: _____

Date of Birth: _____
MM/DD/YYYY

Place of Birth (State): _____

Country of Citizenship: _____

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone Number: _____

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

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____