

# FINGERPRINTS FOR APPLICATION FOR CERTIFICATION OF ELIGIBILITY

**Name:**  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Alias/AKA Name(s):**  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **\*SOC:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

Signature of Official Taking Fingerprints: \_\_\_\_\_ **\*\*ORI:** \_\_\_\_\_

Signature of Person Fingerprinted: \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |            |             |           |   |  |
|--|------------|-------------|-----------|---|--|
| 1. R.Thumb                             | 2. R.Index | 3. R.Middle | 4. R.Ring | 5. R.Little                             |  |
| 6. L.Thumb                             | 7. L.Index | 8. L.Middle | 9. L.Ring | 10. L.Little                            |  |
| Left Four Fingers Taken Simultaneously |            | L.Thumb     | R.Thumb   | Right Four Fingers Taken Simultaneously |  |

\*Social Security Number: This information is voluntary; however, failure to disclose may delay the processing time of your application.  
 \*\*Fingerprints must be taken at a law enforcement entity. Agency stamp can substitute for ORI.