

FINGERPRINT INFORMATION SHEET

PERSON PRINTED (FULL NAME) _____

ADDRESS _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH(STATE) _____

DRIVER'S LICENSE NUMBER ____/____/____/____/____ SOCIAL SECURITY ____/____/____

RACE _____ SEX _____ WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____

VISIBLE MARKS, SCARS, AMPUTATIONS, ETC. _____

MAIDEN NAME (ALIAS) _____ TELEPHONE NUMBER _____

HAVE YOU RESIDED IN CHIPPEWA COUNTY FOR THE PAST 8 YEARS? YES NO
If not, please list previous residences:

STREET ADDRESS	CITY/STATE	COUNTY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE _____ APPLICANT'S SIGNATURE _____