FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT	DATE OF ARREST	ORI
SUBMISSION YES ☐	MM DD YY	CONTRIBUTOR ADDRESS
TREAT AS ADULT YES ☐		REPLY YES ☐ DESIRED?

SEND COPY TO: (ENTER ORI)	DATE OF OFFENSE MM DD YY	PLACE OF BIRTH (STATE OR COUNTRY)	COUNTRY OF CITIZENSHIP

MISCELLANEOUS NUMBERS	SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
	RESIDENCE/COMPLETE ADDRESS	CITY	STATE

OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)	LOCAL IDENTIFICATION/REFERENCE	PHOTO AVAILABLE? YES ☐
		PALM PRINTS TAKEN? YES ☐

EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.	OCCUPATION

CHARGE/CITATION	DISPOSITION
1.	1.
2.	2.
3.	3.
ADDITIONAL	ADDITIONAL

ADDITIONAL INFORMATION/BASIS FOR CAUTION	STATE BUREAU STAMP

FD-249(REV. 5-11-99)   ☆ U.S. GOVERNMENT PRINTING OFFICE: 2004–304-373/80023

LEAVE BLANK   CRIMINAL   (STAPLE HERE)   LEAVE BLANK

STATE USAGE

NFF SECOND

SUBMISSION   APPROXIMATE CLASS   AMPUTATION   SCAR

STATE USAGE   LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED   SOCIAL SECURITY NO.   LEAVE BLANK

ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH MM DD YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR

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