

CJIS BIOGRAPHIC VERIFICATION REQUEST

*ORI of State/Federal/Regulatory Agency: TYPE HERE

Name and Address of requesting agency:

Name: TYPE HERE

Address: TYPE HERE

Name of agency's Point of Contact (POC) for the response: TYPE HERE

Phone number of POC: TYPE HERE

*Reason for Request: (Mark appropriate reason for request.)

Permanently Physically Incapable or Double Amputee (If selected, complete Section One)
An individual whose medical condition or disability permanently prevents the collection of any fingerprint impressions.

Fingerprint Impressions Are Determined To Be Illegible (If selected, complete Section Two)
An individual whose fingerprints impressions are of insufficient quality due to medical degradation of ridge detail, age or nature of work.

SECTION ONE: PERMANENTLY PHYSICALLY INCAPABLE OR DOUBLE AMPUTEE

*Name (Last, First, Middle): TYPE HERE

*Date of Birth (MM/DD/YYYY): TYPE HERE *Sex: TYPE *Race: TYPE HERE

Alias Name (Last, First, Middle): TYPE HERE Place of Birth: TYPE HERE

Social Security Number: TYPE HERE Miscellaneous Number: TYPE HERE

State Identification Number: TYPE HERE OCA: TYPE HERE

SECTION TWO: FINGERPRINT IMPRESSION ARE DETERMINED TO BE ILLEGIBLE

*Name (Last, First, Middle): TYPE HERE

*Two TCNs of the subject's fingerprint submission one of which is required to be the L0008 error message with the caveat of "The quality of the characteristics is too low to be used. Candidate(s) were found. Please resubmit a new set of fingerprints for comparison to the candidate(s)."

(1) TYPE HERE (2) TYPE HERE

*Asterisk fields are required in accordance with the type of request. E-mail the completed form to CJISBioVerify@fbi.gov. CJIS staff will respond to the original e-mail. The FBI notes the NGI System or FBI CJIS Division staff can neither confirm nor deny positive identification based on a biographical search.