

PERSONAL IDENTIFICATION

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____

FBI LEAVE BLANK

FD-353 (Rev. 3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED _____

FINGERPRINTS SUBMITTED BY _____

RESIDENCE OF PERSON FINGERPRINTED _____

DATE OF BIRTH DOB
Month Day Year

DATE FINGERPRINTED _____

SEX _____ RACE _____ HGT. _____ WGT. _____ EYES _____ HAIR _____ PLACE OF BIRTH POB

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____

SOCIAL SECURITY NO. _____

LEAVE BLANK

ADDRESS _____

MISCELLANEOUS NO. _____

CLASS _____

FINGERPRINTED BY _____

SCARS AND MARKS _____

REF. _____

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 FINGERSTAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERSTAKEN SIMULTANEOUSLY