

Fingerprint 10-Print Card

NAME OF PERSON FINGERPRINTED (LAST, FIRST, MIDDLE)				DATE	
STREET ADDRESS		CITY		STATE	ZIPCODE
MALE/FEMALE	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR
DATE OF BIRTH		PLACE OF BIRTH (CITY AND STATE)			
SIGNATURE OF PERSON FINGERPRINTED			SIGNATURE OF PERSON TAKING FINGERPRINTS		
1	2	3	4	5	
6	7	8	9	10	
LEFT HAND		LEFT THUMB	RIGHT THUMB	RIGHT HAND	