

Fingerprint Applicant Information Form for LiveScan

Date: _____

Applicant: _____
Last Name First Name Middle Name

Aliases (AKA): _____

Date of Birth (DOB): _____ Place of Birth (POB): _____
Month Day Year

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Mailing Address: _____
Street or PO City State Zip

Citizenship (CTZ): _____ Social Security Number (SOC): _____

Facility Name: _____

Facility Address: _____
Street or PO City State Zip

Reason for Fingerprints:

Healthcare (43-11-13 ORI-MS920500Z)

Childcare (43-20-8 ORI-MS920080Z)

_____ Facility Code

Signature of Person Fingerprinted