

FINGERPRINT APPOINTMENT

***PRIOR TO YOUR APPOINTMENT – Complete the form**

1. Name:

- a. Last Name: _____
- b. First Name: _____
- c. Middle Name: _____
- d. Date of Birth: _____
- e. Any other names legal names (Maiden name, legally changed, etc)

2. Residence/Address:

- a. Street: _____
- b. City/State/ZIP: _____
- c. Place of Birth: _____
- d. Citizenship: _____

3. Physicals:

- a. Sex: _____
- b. Race: _____
- c. Height: _____
- d. Weight: _____
- e. Eyes: _____
- f. Hair: _____

Tattoo L Arm___ Tattoo R Arm___ Tattoo L Leg___ Tattoo R Leg___ Tattoo Chest___

Tattoo L Foot___ Tattoo R Foot___ Tattoo Stomach___ Tattoo Back___

Location Description_____

Location Description

USE THE FOLLOWING CODES IN THE DESCRIPTION FIELDS

EYE COLOR:

BLK = BLACK
BRO= BROWN
BLU= BLUE
GRN= GREEN
GRY= GREY
HAZ= HAZEL

HAIR COLOR:

BLK= BLACK
BLN= BLONDE
BRO= BROWN
GRY= GREY
RED= RED
WHI= WHITE
XXX= BALD

FBI RACE CODES:

W= CAUCASIAN/HISPANIC
B= AFRICAN AMERICAN
A=ASIAN/PACIFIC ISLANDER
I= NATIVE AMERICAN
U= UNKNOWN
* YOU MUST INDICATE A RACE CODE TO THE FBI FOR IDENTIFICATION PURPOSES

APPLICANT		FBI			
FD-256 (Rev. 5-15-17) 1110-0046		LAST NAME: NAME		FIRST NAME	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		DATE OF BIRTH: Month Day Year	
CITIZENSHIP: CTZ		SEX		RACE	
YOUR NO: OCA		HT		WT	
UNIVERSAL CONTROL NO: UCN		EYES		HAIR	
ARMED FORCES NO: MNU		CLASS		PLACE OF BIRTH: POB	
SOCIAL SECURITY NO: SOC		REF			
MISCELLANEOUS NO: MNU					