

## 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