

SUMPTER TOWNSHIP POLICE DEPARTMENT
FINGER PRINTING SERVICE

Full Name: _____
(last name) (first name) (middle name)

Aliases Name(s) _____

Maiden Name _____

Residence _____ **Zip** _____

Telephone Numbers () _____ () _____
() _____ () _____

Date of Birth (month) _____ (date) _____ (year) **19** _____

Place of Birth (city and state) _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____

Right Handed _____ **or Left Handed** _____

Body Marks, Scars, Amps, Tattoos, Etc. (name the body location; example: (T) l-ankle, (S) r-knee

Soc. Security Number _____ **Driver's Lic. Or State ID** _____

US Armed Forces Branch _____

Employer _____ **Occupation** _____

Reason For This Request _____

Signature and Date _____

For Office use only

Imaging _____ or Manual _____ Printing Officer(s) _____

Manual Card Number used: **RI-008 (-2003)** _____ **FD-258 (Rev.)** _____

Other _____

Comment(s) _____

