

DATA ENTERED ON CRIMINAL FINGERPRINT CARDS

Data fields preceded by an asterisk (*) must be completed in order for your fingerprint card to be processed by the FBI. However, all data fields are important and should be completed if the information is known.

1. *Name (NAM) Block

Enter the name obtained from the subject in this field. The format is last name followed by a comma (,) first and middle name, if any. Suffix denoting seniority (Jr., Sr., II etc.,) should follow the middle or first name.

2. Signature of Person Fingerprinted Block

Obtain signature of the person fingerprinted, in ink.

3. Social Security Number (SOC) Block

List subject's Social Security number if known. Additional Social Security numbers used by the subject may be entered in the "Additional Information/Basis for Caution" Block on back of the fingerprint card.

4. Alias/Maiden Name Block

List other names used by the subject that are different than the name entered in the NAM block. Also, list the signature name as an AKA if different than the name that appears in "NAM" block.

If more space is needed, enter additional alias' in the "Additional Information/Basis for Caution" block on face side of the fingerprint card. Maiden names and all previous married names of females should be entered in the alias field, if known.

5. FBI Number (FBI) Block

Enter the assigned FBI number for subject, if known.

6. State Identification Number (SID) Block

Enter SID when known. Enter SID with no more than ten (10) alphanumeric characters, which includes the state abbreviation (e.g., NY12345678). If labels are used for SID numbers ensure that the label being used is an appropriate size for the SID block. **(When the SID number is missing from a National Fingerprint File participant the card will be rejected).**

7. *Date of Birth (DOB) Block

Enter DOB in month, day and year format. If a complete DOB is not known, enter approximate age. *Fingerprint cards of persons 99 years old or older are not processed by the FBI.*

List additional dates of birth on face side of fingerprint card in the "Additional Information/Basis for Caution" block.

NOTE: IF THE DOB BLOCK IS BLANK, AND THE CARD DOES NOT HAVE A FBI NUMBER QUOTED, THE CARD WILL BE RETURNED WITHOUT BEING PROCESSED TO THE STATE BUREAU/SUBMITTING AGENCY.

8. Sex (SEX)Block

Sex must be indicated by either "F" (female) or "M" (male).

NOTE: Indicate in the "ADDITIONAL INFORMATION/BASIS FOR CAUTION" BLOCK IF THE SUBJECT IS A TRANSVESTITE (CROSS-DRESSER) OR HAS HAD A SEX CHANGE OPERATION, LIST ANY OPPOSITE SEX NAMES USED IN THE ALIAS BLOCK.

9. Race (RAC) Block

Race must be indicated by one of the following one-character alphabetic characters: A=Asian, B=Black, I=American Indian, W=White

NOTE: ADDITIONAL EXPLANATIONS OF RACE CATEGORIES ARE LISTED BELOW.

A - Includes Pacific Islander, Chinese, Japanese, Polynesian, Korean, and Vietnamese

B - Includes Negro, "N", and Colored

I - Includes Alaskan native, Eskimo, and American Indian

W - Includes Caucasian, Mexican, Latin, Puerto Rican, Cuban, Central/South American, and other Spanish culture or origin, regardless of race.

10. Height (HGT) Block (3 characters)

Height must be expressed in feet and inches. Fractions of an inch should be rounded off to the nearest inch.

11. Weight (WGT) Block (3 characters)

Weight must be expressed in pounds. Fractions of a pound should be rounded off to the nearest pound.

12. Eye Color (EYE) Block (3 characters)

Indicate eye color by one of the following three-character codes:

<u>If Description is</u>	<u>List Data in Block as:</u>
BLACK	BLK
BLUE	BLU
BROWN	BRO
GRAY	GRY
GREEN	GRN
HAZEL	HAZ
MAROON	MAR
PINK	PNK
UNKNOWN	XXX

13. Hair Color (Hair) Block (3 characters)

Indicate hair color by one of the following three-character codes:

<u>If Description is</u>	<u>List Data in Block as:</u>
BALD	BAL
BLACK	BLK
BLOND	BLN
BROWN	BRO
GRAY	GRY
RED	RED
SANDY	SDY
WHITE	WHI
UNKNOWN	XXX

14. Fingerprint Impression Blocks (Individual & Simultaneous)

It is very important that care be taken to roll the fingers from nail to nail when taking the individual finger impressions. This will help ensure legibility. Roll the prints in the correct sequence (note the right and left hand designations in the finger blocks) and obtain simultaneous "plain" impressions. Indicate amputated finger(s) or finger(s) missing at birth.

NOTE: FINGERPRINT CARDS RECEIVED WITH CONTRIBUTOR AND/OR STATE BUREAU MARKINGS WILL BE REJECTED (I.E., IDENT SYMBOLS, CROSS MARKS OR FINGER IMPRESSIONS ALREADY CLASSIFIED).

15. Juvenile Fingerprint Block

Juvenile fingerprint cards will be "retained" provided the card contains criterion charges and there is no indication that the card should be returned to your agency.

16. Date of Arrest (DOA) Block

Enter the date the subject was arrested in month, day and year format. If contributor is a prison/jail, enter the date received.

17. *Originating Agency Identifier (ORI) Number Block

If the ORI number is not preprinted by the FBI, enter your ORI number, agency name, city, and state. Each agency has its own unique ORI number. If you do not have an ORI number, you can contact your National Crime Information Center (NCIC), Control Officer, and an ORI number will be assigned to your agency.

To order fingerprint cards or other related forms, contact the FBI at (304) 625-3983

IMPORTANT: YOU SHOULD NEVER BORROW PREPRINTED FINGERPRINT CARDS FROM OTHER AGENCIES OR LOAN YOUR PREPRINTED FINGERPRINT CARDS TO OTHER AGENCIES.

If a **reply** is desired check the "YES" block. A reply will be sent only if the "YES" block is checked.

18. Send Copy to (SCT) Block

Indicate ORI number(s) of additional agencies to whom you want copies sent. Do not show your agency's ORI number in this block.

19. Date of Offense (DOO) Block

Enter date offense was committed, if known.

20. Place of Birth (POB) Block (state or country)

List the state, territorial possession, province (Canadian) or country of birth. Use the correct abbreviation for foreign countries or correctly spell the name of the country. Do not list county as a POB.

21. Country of Citizenship

If born in the United States, list as "U.S.", otherwise, list country.

22. Miscellaneous Number (MNU) Block

The MNU is an identifying number associated with the subject such as U.S. Military Service Number, passport number, etc. Enter MNU and indicate description according to the following chart.

DESCRIPTION
Air Force Serial Number
Alien Registration Number
Army Serial Number/National Guard Serial Number/Air National Guard Serial Number, and U.S. Coast Guard Serial Number, regardless of State
Bureau Fugitive Index Number
Canadian Social Insurance Number
Mariner's Document or Identification Number
Marine Corps Serial Number
Royal Canadian Mounted Police Identification Number (FPS Number)
National Agency Case Number-Military
Navy Serial Number
Identification Order Number
Passport Number
Port Security Card Number
Selective Service Number
Veterans Administration Claim Number

23. Scars, Marks, Tattoos, (SMT) and Amputations Block

List SMT and/or amputations.

24. Residence/Complete Address

Enter complete residential address obtained from subject's identification.

25. Official Taking Fingerprints

Enter name or number of Official taking fingerprints.

26. Local Identification/Reference Number Block

Enter your agency's identification number for the subject. The identification number must be no more than ten (10) characters.

27. Photo and Palm Prints Block

Indicate if photo and/or palm prints are available.

28. Employer Block

If U.S. Government, indicate agency. If military, list branch of service and serial number. Otherwise, indicate company or agency where subject is employed.

29. Occupation Block

Indicate occupation, if available.

30. *Charge/Citation Block

Express the charge(s) in literal terms, e.g., murder, rape, robbery, assault, etc. Enter each charge as designated. **The FBI does not enter citations therefore, if only citations are shown, the card will be rejected without being processing.** If more than three charges, continue numbering and place additional charge(s) in the "Additional Information" block. Only easily understood abbreviations should be used.

31. Disposition Block

If available, enter final dispositional data for each corresponding charge.

32. Additional Block (Charges)

Enter charges when more than three and number each.

33. Additional Block (Dispositions)

Enter dispositional data when more than three and number each.

34. Additional Information/Basis for Caution Block

Enter additional or multi-informational data that did not fit in blocks provided, such as: Additional DOB 4/25/50 or Additional SOC: 242840662. In addition, this block also provides reason for caution. State information which indicates a condition which could be expected to continue (e.g., escape risk, armed and dangerous, martial arts, etc.)

35. State Bureau Stamp Block

When card is a single source state participant, and your card does not reflect your state bureau identification stamp, the card will be immediately returned to the state bureau/submitting agency.

NOTE: AT THIS POINT A QUALITY REVIEW OF ARREST AND PERSONAL DESCRIPTOR DATA IS EXTREMELY IMPORTANT. THIS STEP CAN IMPROVE THE QUALITY OF THE CARDS SUBMITTED AND HELP ELIMINATE IMMEDIATE REJECTS (CARDS RETURNED BY THE FBI WITHOUT ANY PROCESSING).

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE
NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

ALJASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH	MM	DD	YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
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1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537**

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>	DATE OF ARREST MM DD YY	ORI CONTRIBUTOR ADDRESS REPLY YES <input type="checkbox"/> DESIRED?	
SEND COPY TO: (ENTER ORI)	DATE OF OFFENSE MM DD YY	PLACE OF BIRTH (STATE OR COUNTRY)	COUNTRY OF CITIZENSHIP
MISCELLANEOUS NUMBERS	SCARS, MARKS, TATTOOS, AND AMPUTATIONS		
	RESIDENCE/COMPLETE ADDRESS	CITY	STATE
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)	LOCAL IDENTIFICATION/REFERENCE	PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/>	
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.		OCCUPATION	
CHARGE/CITATION 1.	DISPOSITION 1.		
2.	2.		
3.	3.		
ADDITIONAL	ADDITIONAL		
ADDITIONAL INFORMATION/BASIS FOR CAUTION	STATE BUREAU STAMP		