

Juvenile Fingerprint Information

(Please print)

Date Fingerprinted: _____

Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____

Race: _____ Sex: M__ F__ Height: _____

Weight: _____ Hair: _____ Eyes: _____

Address: _____
(No.) (Street)

(City) (State) (Zip)

Phone Number: (____) ____ - ____

Drivers License No: _____

Soc. Sec. No.: ____ - ____ - ____

Scars, Marks, Tattoos, Amputations, etc.:

Place of Birth: _____
(City) (State)

Aliases: _____