

APPLICANT

Leave Blank

Type or print all information in black ink.

Last Name

First Name

Middle Name

Leave Blank

Signature of Person Fingerprinted

Aliases (AKA)

O
R
I

Address of Person Fingerprinted

Date of Birth (DOB)
Month Day Year

Citizenship (CTZ)

Sex

Race

Height

Weight

Eyes

Hair

Place of Birth (POB)

Date

Signature of Official Taking Fingerprints

Your No. (OCA)

Employer and Address of Official Taking Fingerprints

FBI Number (FBI)

Armed Forces Number (MNU)

Class

Reason Fingerprinted

Social Security Number (SOC)

Ref.

MS BAR EXAM

Misc. No. (MNU)

1. Right Thumb

2. Right Index

3. Right Middle

4. Right Ring

5. Right Little

6. Left Thumb

7. Left Index

8. Left Middle

9. Left Ring

10. Left Little

Left Four Fingers Taken Simultaneously

Left Thumb

Right Thumb

Right Four Fingers Taken Simultaneously