

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME (NAM) FIRST NAME MIDDLE NAME

**DOE JOHN JAMES**

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

*John James Doe*

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

**123 Main St  
Des Moines, IA 50319**

DATE OF BIRTH DOB  
Month Day Year

**05 12 1968**

CITIZENSHIP CTZ **US**

SEX RACE HGT WGT EYES HAIR  
**M H 5' 9 190 Bro Bla**

PLACE OF BIRTH POB  
**Des Moines, IA**

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

**12/30/20** *Jane Doe*

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

**ACME Alarms  
215 E 7th St  
Des Moines IA 50139**

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC  
**111-22-3333**

REF. \_\_\_\_\_

MISCELLANEOUS NO. MNU

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

EXAMPLE