

# APPLICANT

LEAVE BLANK

LAST NAME

NAM

TYPE OR PRINT ALL INFORMATION IN BLACK

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

See Privacy Act notice on

Note: This process requires the FBI form and not a local or state form.

FD-258 (REV.3-1-10)

SIGNATURE OF PERSON

ORI

DATE OF BIRTH

Month Day Year

DOB

Year

PLACE OF BIRTH

POB

HGT.

WGT.

EYES

HAIR

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

LEAVE BLANK

ARMED FORCES NO. MNU

CLASS

SOCIAL SECURITY NO. SOC

REF.

MNU

REASON FINGERPRINTED

Write in your SSN Here

Write in your ORI # Here

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

SAMPLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

