

Demo Fingerprint & Investigation Services (DemoFPIS)

Please fill out This Form in its Entirety and return to your fingerprint technician

Last Name: _____ First Name: _____ Middle: _____

Suffix: _____ Maiden Name: _____ Alias Names: _____

Date of Birth: _____ Sex: _____ Height (feet/Inches): _____ Weight (lbs): _____

Eye Color: _____ Hair Color: _____ Country of Birth: _____

State of Birth (if in the US): _____ Country of Citizenship: _____

Race:

- W.** caucasian, Mexican, Puerto Rican, Cuban, Central or South America, or Spanish culture or origin
- B.** Black, or a person having origins in any of the black racial groups of Africa
- A.** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian, Samoan, Or Pac. Islander
- I.** American Indian or Alaskan native
- U.** Unknown or of Indeterminable Race

Social Security Number: _____

Controlling Agency Identifier (ORI#) _____ OCA# (DCF/APD only): _____

Residence/Home Address(Street): _____

Apt/Unit#: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Driver's License Number: _____ Driver's License State: _____

Driver's License Expiration Date (must be valid): _____

Institution, Agency, or Company Name: _____

Institution, Agency, or Company Phone: _____ Email: _____

I hereby declare and affirm that the information provided above is true and accurate. I further declare and affirm that I am the applicant whose signature appears below. I authorize Demo to capture my fingerprints and submit them to the ORI number listed above. For fingerprint cards, the captured fingerprints will be provided to the applicant once completed.

Signature of Applicant: _____ Date: _____

IF APPLICANT IS UNDER 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN BELOW.

Signature of Parent/Guardian: _____ Date: _____

FOR INTERNAL USE ONLY

Invoice# _____ Technician Name: _____ TCN#: _____

Form of Payment: _____ Service: _____ Submission: _____

