FINGERPRINT RECORD PREP SHEET							
PLEASE PRINT CLEARLY							
NAME (LAST, FIRST, MIDDLE)							
SSN							
DOB	YEAR:		MONTH:		DAY:		
ALIAS							
SEX							
RACE							
EYE COLOR							
HAIR COLOR							
HEIGHT (FT/IN)	FEET:		INCHES:				
WEIGHT (LBS)				LBS			
PLACE OF BIRTH (COUNTRY/STATE)	COUNTRY:			STATE:			
CITIZENSHIP							
SERVICE							
POSITION / DUTY STATION	630						
ADDRESS	STREET:						
	CITY:		STATE:		ZIP:		
TELEPHONE	( )			EXT.			
TO BE COMPLETED BY HUMAN RESOURCES:							
STAFFER:							
DATE PRINTED:							
PRINTED BY:							