

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS 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 FLAT

RIGHT THUMB FLAT

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY