

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

FD-249 (Rev. 11-1-20)

1110-0046

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NO.

LEAVE BLANK

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

UNIVERSAL CONTROL NO.

STATE IDENTIFICATION NO.

DATE OF BIRTH MM DD YY

SEX

RACE

HEIGHT

WEIGHT

EYES

HAIR

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

**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306**

This FD-249 is to be used for criminal justice purposes, such as incident to arrests and incarcerations.

The Applicant form (FD-258) contains applicable Paperwork Reduction Act and Privacy Act notices and should be used for noncriminal justice purposes.

JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>		DATE OF ARREST MM DD YY		ORI CONTRIBUTOR ADDRESS REPLY YES <input type="checkbox"/> DESIRED?					
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE MM DD YY		PLACE OF BIRTH (STATE OR COUNTRY)		COUNTRY OF CITIZENSHIP			
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS							
		RESIDENCE/COMPLETE ADDRESS				CITY		STATE	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE				PHOTO AVAILABLE? YES <input type="checkbox"/>		PALM PRINTS TAKEN? YES <input type="checkbox"/>	
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.					OCCUPATION				
CHARGE/CITATION 1.					DISPOSITION 1.				
2.					2.				
3.					3.				
ADDITIONAL					ADDITIONAL				
ADDITIONAL INFORMATION/BASIS FOR CAUTION					STATE BUREAU STAMP				