

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 11-1-20) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME

NAM

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH
Month Day

DOB
Year

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH

POB

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

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

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY