



Bellevue Fingerprinting Service
11671 SE 1st Street, Suite 202 | Bellevue, WA 98005
425.603.1033 | www.BellevueFingerprintingService.com

Fingerprint Card Instructions

These are general instructions for filling out all fingerprint cards. Consult your employer or requesting agency for industry specific instructions for ORI and Reason Fingerprinted entries

Type or print all information in **BLACK INK**.

Do not fold the fingerprint card.

At minimum, the FBI requires:

- **Name (NAM)**
- **Originating Agency Identifier (ORI)**
- **Date of Birth (DOB)**
- **Sex (SEX)**
- **Reason Fingerprinted**

Incorrect or incomplete information may result in delay or rejection

Every effort should be made to enter data in all applicable fields.

SIGNATURE OF PERSON FINGERPRINTED

Signature should match the name printed at the top of the card

RESIDENCE OF PERSON FINGERPRINTED

Enter complete residential address, no PO boxes

DATE & SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

Leave blank, official will sign here

EMPLOYER AND ADDRESS

Enter potential employer and address

REASON FINGERPRINTED

See your instructions or enter position or license sought, leave blank if you are unsure

NAM-NAME

Last Name, First Name Full Middle Name

Doe, Jeffrey Mark Jr.

Suffixes (i.e. Jr., Sr., III, etc.) should follow the middle OR first name.

AKA-ALIASES



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Other names used that are different from the NAME block. For women, enter maiden names. If your signature and NAME block don't match, enter the name as it appears in your signature.

ORI-ORIGINATING AGENCY IDENTIFIER

Enter requesting agency's ORI number

This number may be preprinted on your card if you received your cards directing from the agency your results are going to. If you don't have an ORI#, contact the agency requesting your fingerprints.

CTZ-CITIZENSHIP

Enter current country of citizenship (i.e. U.S, Canada, Mexico)

YOUR NO. OCA

Leave blank

FBI NO. FBI

Leave blank

ARMED FORCES NO.

Leave blank

SOCIAL SECURITY NO. SOC

Enter Social Security Number

MISCELLANEOUS NO. MNU

Leave blank

SEX

M: Male

F: Female

RACE

Enter appropriate code, you may leave this blank or choose one:

- | | | |
|----------|--|---|
| A | Asian or Pacific Islander | Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or Pacific Islander |
| B | Black | A person having origins in any of the black racial groups of Africa |
| I | American Indian or Alaskan Native | American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition |
| U | Unknown | Of Indeterminable Race |
| W | White | Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |

HGT-HEIGHT

Expressed in feet and inches - enter height in three (3) digits (If 6'0", write 600)

DO NOT USE THE METRIC SYSTEM



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WEIGHT WGT

Expressed in pounds. Enter weight in three (3) digits (If 95lbs, write 095)
DO NOT USE THE METRIC SYSTEM

EYES		HAIR	
BLACK	BLK	BALD	BLD
BLUE	BLU	BLACK	BLK
BROWN	BRO	BLONDE (or strawberry)	BLN
GRAY	GRY	BLUE	BLU
GREEN	GRN	BROWN	BRO
HAZEL	HAZ	GREEN	GRN
MAROON	MAR	GRAY (or partially gray)	GRY
		ORANGE	ONG
		PURPLE	PLE
		PINK	PNK
		RED (or auburn)	RED
		SANDY	SDY
		WHITE	WHI
		UNKNOWN	XXX



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DATE OF BIRTH DOB

MM/DD/YYYY

PLACE OF BIRTH POB

Within the U.S.: Enter the state (e.g., WA, CA, FL)

Outside the U.S.: Enter country name only (e.g., Canada, Mexico, Japan)