

Ensure your fingerprint cards are complete prior to sending them to an outside agency.

Please complete the highlighted sections below in BLACK INK only.

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK								FBI	LEAVE BLANK								
FD-258 (Rev. 5-15-17) 11-10-0048		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME		DATE OF BIRTH DOB Month Day Year		DOB									
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		D		R		I		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				UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		CLASS		REF											
REASON FINGERPRINTED				SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU															
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE		LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE													

Civilian Applicants Needing Fingerprints

Contact:

FBI Criminal Justice Information Services Division

1-304-625-5590

(Automated)

Instructions to obtain information packet with the fingerprint card.

Para asegurarse de que sus tarjetas de huellas dactilares estén completas antes de enviar a una agencia externa.

Complete las secciones resaltadas a continuación solo en TINTA NEGRA.

APPLICANT <small>See Privacy Act/Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0045		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES - AKA		O		R		I		DATE OF BIRTH DOB	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		HGT.		WGHT.		EYES	
REASON FINGERPRINTED		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		HAIR		CLASS		REF.	
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1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Solicitantes civiles que necesitan huellas dactilares

contacto:

División de Servicios de Información de Justicia Criminal del FBI

1-304-625-5590

(Automatizado)

Instrucciones para obtener el paquete de información con la tarjeta de huellas dactilares.