

IDENTITY HISTORY SUMMARY REQUEST FORM

Office Location: 217 Miracle Strip Parkway, STE 124 Fort Walton Beach, Florida 32548

Phone: 850-462-2416
OFFICE HOURS: MON – FRI 10 AM to 5 PM
Weekends by Appointment Only

Have questions, feel free to call us!

1-783 (Rev. 06-01-2020) OMB-1110-0052

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name		*First Name				
Middle Name 1		Middle Name 2				
*Date of Birth:	*Dlagg of Dirth		*II S. Citizan or I agal Darmanant Dagidant			
Date of Birth.	*Place of Birth:		*U.S. Citizen or Legal Permanent Resident: Yes No			
*Country of Citizenship:	Country of Residence:		Prisoner Number (if applicable):			
*Last Four Digits of Social Security Number:						
*Race (please check appropriate box)		erican 🗌 Ui	nknown			
*Sex (please check appropriate box):						
Address						
C/O		ATTN				
*Address						
*City		*State				
*Postal (Zip) Code		*Country				
Phone Number		E-Mail				
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* REQUESTOR SIGNATURE		DATE				

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The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

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