



FINGERPRINT CERTIFICATE

INSTRUCTIONS

YOU ARE TO TAKE THIS FINGERPRINT CERTIFICATE TO THE IDENTIFICATION BUREAU IN THE JACKSON POLICE DEPARTMENT.

PHOTOGRAPH

NAME OF APPLICANT _____ RACE _____ SEX _____

ADDRESS: _____

DATE OF BIRTH _____ D.L.# _____ SS# _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

PLACE OF BIRTH (CITY, COUNTY, STATE) _____

MOTHER'S NAME (MAIDEN) _____ FATHER'S NAME _____

PURPOSE: EMPLOYMENT ONLY - REQUESTED BY _____

DEPARTMENT _____ JOB CLASSIFICATION _____

DATE FINGERPRINTED _____ FINGERPRINTED BY: _____

COMMANDER OF IDENTIFICATION DATE
JACKSON POLICE DEPARTMENT

CRIMINAL HISTORY RECORDS CHECK WITH JACKSON POLICE DEPARTMENT & OTHERS: