



FINGERPRINT CERTIFICATE

Purpose: EMPLOYMENT ONLY

Instructions

TAKE THIS FINGERPRINT CERTIFICATE TO THE IDENTIFICATION BUREAU / JACKSON POLICE DEPARTMENT
327 E. PASCAGOULA STREET - JACKSON, MS 39205

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NAME OF APPLICANT _____

ADDRESS _____

DEPARTMENT _____ JOB CLASSIFICATION _____

RACE _____ SEX _____ 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 _____

REQUESTED BY _____

FINGERPRINTED BY _____ DATE _____

COMMANDER OF IDENTIFICATION DATE



Criminal history records with the Jackson Police Department and other agencies: