Fingerprint Applicant Info Sheet

Applicant First Name : Last Name:

Applicant Home Address Number**:** Street Name:

Unit Designator (Apt # required If applicable)

Country: State:

City: Zip Code:

Methods of Contact (*If there is a problem with the prints, MorphoTrust requires a way to reach out to the Applicant to advise that they need to be re-printed.)*

Preferred Contact Method (check one): Phone ☐ Email ☐

Daytime Phone Number: _____

Daytime Phone Type: (Cell, ☐ Home, ☐ Work) ☐ _____

*Email _____

**Email address is not required unless it is the preferred method of contact.*
Phone number and type is required, even if it is not the preferred contact method.

Applicant Demographic Data

Date of Birth(MM/DD/YYYY): Age: Gender: Female ☐ Male ☐

Weight: Height-Feet: Inches:

Place of Birth:

Citizen Country:

Ethnicity: Hispanic ☐ Non-Hispanic ☐ Unknown ☐

SSN**:

*** Social Security Number is not required for registration through MorphoTrust; however, it is needed to process the fingerprint submission in the event an applicant's fingerprints are rejected by the FBI.*

Race: Eye Color: Hair Color:

PLEASE SECURELY DESTROY THIS INFO SHEET IMMEDIATELY AFTER YOU HAVE REGISTERED THE APPLICANT FOR FINGERPRINTING.

Clear Form Print Form