



All information is required for fingerprinting and must be complete and accurate. *(Please Print All Information)*

OIR # TN920190Z OCA #

Fingerprint Date:		Fingerprint Time:			Fingerprint Location: Investigation ID#:		
Complete Legal Name			Date of Birth		Related Case Name	Relative	Non-Relative
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Name</i>	
Complete Street Address						Phone Number	
<i>Street</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone #</i>	
Driver's License Number		Issuing State	Reason for Printing				
			(CD)	(FC)	(AD)		
			DCS Employee/Volunteer/Intern	Foster Care	Adoption		
Social Security Number (SSN)			Place of Birth				
			<i>City</i>		<i>County</i>	<i>State</i>	
Military ID Number if different from SSN			Aliases Used				
			<i>(Such as Maiden Name, previous Married Names, or any other legal name)</i>				
Height		Weight	Gender/Sex		Citizenship		
Male		Female	USA		Other		
<i>Feet</i>	<i>Inches</i>	<i>Pounds</i>					
Hair Color		Eye Color		Race			
Brown		Blue		American Indian or Alaska Native			
Black		Brown		Asian or Pacific Islander			
Gray or partially gray		Gray		Black or African American			
Blonde or Strawberry		Green		Hawaiian Native or Other Pacific Islander			
Red or Auburn		Hazel		Hispanic or Latino			
Sandy		Multicolor		White (non-Hispanic)			
White		Other		Other			
Unknown or Bald		Unknown		Unknown			
Results to :		Fax #:		Applicant Signature:			



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Foster Home Case File

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