

FINGERPRINTS FOR APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Name:
Last _____ First _____ Middle _____

Alias(aka)
Name: Last _____ First _____ Middle _____

RACE: __ SEX: __ DOB: _____ * SOC: _____ Place of Birth: _____

Please mail completed application and fingerprints to:
FDLE, P.O. Box 1489, Tallahassee, FL 32302, Attn: Expunge/Seal Section

Signature of official taking fingerprints: _____ ORI: _____

Signature of person fingerprinted: _____ Date: _____

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
Left Four Fingers Taken Simultaneously		L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously

- Social Security Number, this information is voluntary; failure to disclose may delay the processing time of your application.