

**CIVIL FINGERPRINT APPLICANT  
INFORMATION FORM**

Date: \_\_\_\_\_

***PRINT LEGIBLY. HAVE YOUR ID READY.***

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*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name* \_\_\_\_\_

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*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

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*Aliases/Maiden Name* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_ *SSN* \_\_\_\_\_

**Please Circle One:**

**Sex:** Male Female                      Height \_\_\_\_\_                      Weight \_\_\_\_\_

**Race:** White Black Asian Hispanic Other \_\_\_\_\_

**Eye Color:** Blue Brown Green Grey Hazel

**Hair Color:** Bald Black Blond/Straw Brown Grey Red Sandy White

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*Place of Birth:*    *City and State*    *or*    *Country*                      *Country of Citizenship:* *US*    *or*    *Other*

**Name and Address of Agency to receive fingerprint results**

*(Teaching Applicants: List each school department wish the results submitted to. No need to include addresses.)*

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**Reason Fingerprinted:**                      Public/Private Education (\$30 check /money order to "City of Warwick" required)  
*(Please Circle One)*

Child Care	Foster Care
Day Care/Preschool	Adoption
Weapon Permit	Housing
Securities/Insurance	Nursing
Other _____	

**\*\*\* You must notify the person taking your fingerprints if you have any of the following in your possession: Firearm, Knife, Pepper Spray, or any Other Weapons. \*\*\***