



Tennessee Department of Children's Services Fingerprint Card Information

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

OIR # TN920190Z OCA #

Fingerprint Date:		Fingerprint Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Fingerprint Location:		Investigation ID#:		
Complete Legal Name			Date of Birth		Related Case Name		Relative <input type="checkbox"/>	Non-Relative <input type="checkbox"/>
<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					
			<input type="checkbox"/> (CD)		<input type="checkbox"/> (FC)		<input type="checkbox"/> (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 <input type="checkbox"/>	Female <input type="checkbox"/>	USA <input type="checkbox"/>	Other <input type="checkbox"/>	
<i>Feet</i>	<i>Inches</i>	<i>Pounds</i>						
Hair Color		Eye Color		Race				
Brown <input type="checkbox"/>		Blue <input type="checkbox"/>		American Indian or Alaska Native <input type="checkbox"/>				
Black <input type="checkbox"/>		Brown <input type="checkbox"/>		Asian or Pacific Islander <input type="checkbox"/>				
Gray or partially gray <input type="checkbox"/>		Gray <input type="checkbox"/>		Black or African American <input type="checkbox"/>				
Blonde or Strawberry <input type="checkbox"/>		Green <input type="checkbox"/>		Hawaiian Native or Other Pacific Islander <input type="checkbox"/>				
Red or Auburn <input type="checkbox"/>		Hazel <input type="checkbox"/>		Hispanic or Latino <input type="checkbox"/>				
Sandy <input type="checkbox"/>		Multicolor <input type="checkbox"/>		White (non-Hispanic) <input type="checkbox"/>				
White <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>				
Unknown or Bald <input type="checkbox"/>		Unknown <input type="checkbox"/>		Unknown <input type="checkbox"/>				
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.