

Sample Fingerprint Card

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0A046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME		
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I		SEX		RACE		
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		HGT.		WGT.		
EMPLOYER AND ADDRESS		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		EYES		HAIR		
REASON FINGERPRINTED		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		PLACE OF BIRTH		POB		
		MISCELLANEOUS NO. MNU		CLASS		REF.		LEAVE BLANK		

Ensure all highlighted fields are completed:

LAST NAME

FIRST NAME

MIDDLE NAME (if applicable)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES (if applicable)

ORI (Serve America organizations should use MNSAA000Z. Other entities without an ORI should use MNBCA0000.)

DATE OF BIRTH

SEX / RACE / HEIGHT / WEIGHT / EYES / HAIR / PLACE OF BIRTH

DATE (This is the date that fingerprints are taken.)

OCA (This is your account number. Complete if applicable.)

REASON FINGERPRINTED (List the statute citation or authority under which a background check is requested.)