

Department of Law Enforcement Criminal Justice Information Services (850) 410-8109



Florida Criminal History Information Request Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes

I am requesting Florida criminal history information on the following individual:

Last Name*:					* Required Fields
Last Names should not include spaces (ex. De la Rosa, DelaRosa). Please use hyphens when applicable (ex. Jones- Smith)					NOTE: PLEASE INDICATE HISPANIC PERSONS AS EITHER WHITE OR BLACK BASED ON THEIR ACTUAL SKIN COLOR *Race (pick one):
First Name*:					
Middle Name:					
Other Names Used: Last, First, Middle (Please omit spaces and include hyphens when necessary)					
Last)		First)		Middle)	W - White/Caucasian B - Black U - Unknown A- Asian/Pac. Islander I - Alaskan/Native American
Last)		First)		Middle)	
Race*:	Sex*:		Date of Birth*:		Optional Information: Social Security Number
Social Security Number:					Middle Name Other Names Used

Please provide as much information as possible. The accuracy of the information provided is critical as all searches are based on this information.