

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.