

FBI FD-1164 Fingerprint form with instructions for using FBI personal information codes



Questions? Call 1-866-361-9944, send us an email at info@accuratebiometrics.com, or use the chat box on our website: accuratebiometrics.com

Note: It is acceptable for a copy of the FBI FD-1164 fingerprint card in this pdf to be printed on standard white letter-sized printer paper for ink card processing.

Please print TWO fingerprint forms and have TWO sets of fingerprints taken.

Instructions for completing the personal information on the fingerprint forms:

All blue-shaded form fields must be filled out on the fingerprint form completely. You can enter the form fields on your computer and print 2 copies. Or you can print 2 blank copies and legibly print your personal information using **BLACK INK**.

- Note: On the FD-1164 Fingerprint Form you are asked to enter your **Last Name** first, then your **First Name**, with the **Middle Name** last.
- Signature of Person Being Fingerprinted** – You must sign this section when your fingerprints are applied to the card/form. This signature should be your full legal name, and it must be signed in the presence of the agent taking your fingerprints, so **DO NOT sign the card before your fingerprinting visit**.
- Residence of Person Fingerprinted** – Enter the residence of the person being fingerprinted.
- Signature of Official and Date** – Card must be signed and dated by the agent taking your prints.
- Reason Fingerprinted** – Please fill in the reason for fingerprinting in this field.
- Date of Birth** – Date of Birth should be entered MM/DD/YYYY.
- Citizenship** – Please enter the country of your citizenship.
- Sex** – Use M for Male and F for Female.
- Race** – Use the following for race.

W – White	I – American Indian or Alaskan Native
H – Hispanic	A – Asian
B – Black	

- HGT** (Height) – Enter height in feet and inches-- for example 5’5”.
- WGT** (Weight) – Enter weight in pounds – for example 140.
- Eyes** – Use the following abbreviations for Eye Color:

BLK – Black	GRN – Green
BLU – Blue	GRY – Gray
BRO – Brown	HZL – Hazel

- Hair** – Use the following abbreviations for Hair Color:

BLK – Black	GRY – Grey/partially grey
RED – Red	BLN – Blonde
WHI – White	BLD – Bald
BRO – Brown	

- Place of Birth (POB)** – Enter the US state or the country of birth if place of birth is out of the US.
- Social Security Number (SOC)** – Enter the social security number of the person being fingerprinted.

SEX CODE TABLE

<i>External Code</i>	<i>Literal</i>	<i>Description</i>
F	Female	Female
M	Male	Male
X	Unknown	Unknown Sex

EYE COLOR CODE TABLE

<i>Eye Color Literal</i>	<i>External Code</i>
BLACK	BLK
BLUE	BLU
BROWN	BRO
GRAY	GRY
GREEN	GRN
HAZEL	HAZ
MAROON	MAR
MULTICOLOR	MUL
PINK	PNK

HAIR CODE TABLE

BALD	BLD
BLACK	BLK
BLONDE (or strawberry)	BLN
BLUE	BLU
BROWN	BRO
GREEN	GRN
GRAY (or partially gray)	GRY
ORANGE	ONG
PURPLE	PLE
PINK	PNK
RED (or auburn)	RED
SANDY	SDY
WHITE	WHI
UNKNOWN	XXX

RACE CODE TABLE

External Code	Literal	Description (If Subject Is)
A	Asian or Pacific Islander	Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander
B	Black	A person having origins in any of the black racial groups of Africa
I	American Indian or Alaskan Native	American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition
U	Unknown	Of Indeterminable Race
W	White	Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

IDENTITY HISTORY SUMMARY REQUEST FORM**Information** * *Denotes Required Fields*

*Last Name	*First Name
Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
*Sex (please check appropriate box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Address

C/O	ATTN
*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

*** REQUESTOR SIGNATURE** _____ **DATE** _____

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

IDENTITY HISTORY SUMMARY REQUEST

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-1164 (Rev. 11-1-20)

SIGNATURE OF REQUESTOR

ADDRESS

DATE OF BIRTH DOB YYYY/MM/DD

DATE FINGERPRINTED

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

SOCIAL SECURITY NO.

LEAVE BLANK

CLASS _____

REF. _____

FINGERPRINTED BY

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 FINGERSTAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERSTAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306**

US Department of Justice Order 556-73

To assist with obtaining legible fingerprints:

1. Wash and dry fingers thoroughly.
2. Roll fingers from nail to nail, and avoid allowing fingers to slip.
3. Be sure impressions are recorded in correct sequential order.
4. Indicate in the appropriate fingerprint blocks if fingers are missing/amputated.
5. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained.
6. Examine the completed prints for image quality.

Privacy Act Statement:

Authority: The collection of your fingerprints and associated personal information is authorized by 5 U.S.C. 552a and 28 C.F.R. 16.30-16.34.

Purpose: The FBI will use your information to search the Next Generation Identification (NGI), its biometric and identity history system, to locate your FBI Identification record (or lack thereof).

Routine Uses: The information you provide will be protected and the FBI may only share this information in accordance with the Privacy Act.

Disclosure: Provision of your fingerprints and associated personal information, including your Social Security number, is voluntary; however, without the information the FBI will be unable to process your request and search the NGI System for your FBI Identification record.

Paperwork Reduction Act Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department of Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.