

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME **NAM** FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA O R I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH **DOB**  
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP **CTZ** SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH **POB**

EMPLOYER AND ADDRESS

YOUR NO. **OCA**  
**KIRS.USA**

LEAVE BLANK

FBI NO. **FBI**

CLASS \_\_\_\_\_

ARMED FORCES NO. **MNU**

REF. \_\_\_\_\_

SOCIAL SECURITY NO. **SOC**

MISCELLANEOUS NO. **MNU**

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

