



# Fingerprint Services for Pennsylvania

## Applicant Registration and Information Form

This form does not need to be turned in at the fingerprint site. It is designed only as a tool to help facilitate your registration and payment for fingerprinting services.

Reason Fingerprinted (Choose One)	<u>School District</u>	Payment Type	<u>Authorization Code</u>
Last Name _____	First Name _____	Middle Name _____	
Have you ever used an Alias?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes please list: _____
Date of Birth _____	Place of Birth (state) _____	SSN _____	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race _____	Eye Color _____	Hair Color _____
Height _____	Weight _____	Country of Citizenship _____	
Drivers License Number _____			
Applicant Address _____			
City _____	State _____	Zip _____	
Phone _____	E-mail Address _____		

**Please indicate which facility you want to go to from the list attached**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*Must present Drivers License at facility to get Fingerprint service completed \*\*\***