

CHAFFEE COUNTY DETENTION CENTER
Fingerprinting Application

Name: _____

(Last, First Middle)

Sex: _____ Race: _____ Eyes: _____ Hair: _____ Height: _____ Weight _____

Date of Birth: _____ Place of Birth: _____

Country of Citizenship: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Reason for Fingerprints: _____

Driver's License #: _____ State: _____

I have reviewed the 1) CBI Privacy Act Statement and 2) Noncriminal Justice Applicant's Privacy Rights.

Applicant signature/date: _____



(To be completed by Official taking fingerprints)

Case Number: _____

Date/Time Fingerprinted: _____

Official taking fingerprints (name and call #): _____

Fee Paid:

Detentions _____

Records _____

Exempt _____