

LEAVE BLANK		CRIMINAL		(STAPLE HERE)				LEAVE BLANK						
		STATE USAGE		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
		NFF SECOND												
		SUBMISSION		APPROXIMATE CLASS		AMPUTATION		SCAR						
STATE USAGE				LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX										
SIGNATURE OF PERSON FINGERPRINTED				SOCIAL SECURITY NO.		LEAVE BLANK								
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX														
UNIVERSAL CONTROL NO.		STATE IDENTIFICATION NO.		DATE OF BIRTH		MM	DD	YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
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						

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

The FBI's acquisition, preservation, and exchange of identification information is generally authorized under 28 USC 534. This FD-249 is to be used for criminal justice purposes, such as incident to arrests and incarcerations. The Applicant form (FD-258) contains applicable Paperwork Reduction Act and Privacy Act notices and should be used for noncriminal justice purposes. "A Social Security Account Number (SSAN) is helpful to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), any Federal, State, or local government agency which requests an individual to disclose his/her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it."

JUVENILE FINGERPRINT		DATE OF ARREST		ORI	
SUBMISSION YES <input type="checkbox"/>		MM DD YY		CONTRIBUTOR	
TREAT AS ADULT YES <input type="checkbox"/>				ADDRESS	
				REPLY YES <input type="checkbox"/> DESIRED?	
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE		PLACE OF BIRTH (STATE OR COUNTRY)	
		MM DD YY		COUNTRY OF CITIZENSHIP	
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS			
		RESIDENCE/COMPLETE ADDRESS		CITY	STATE
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE			PHOTO AVAILABLE? YES <input type="checkbox"/>
					PALM PRINTS TAKEN? YES <input type="checkbox"/>
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.				OCCUPATION	
CHARGE/CITATION				DISPOSITION	
1.				1.	
2.				2.	
3.				3.	
ADDITIONAL				ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION				STATE BUREAU STAMP	