



**U.S.VIRGIN ISLAND POLICE DEPARTMENT  
FINGERPRINT APPLICATION**

**FULL NAME:**

LAST

FIRST

MIDDLE

**FORMER OR MAIDEN NAME:**

**ADDRESS (Residential):**

**DATE OF BIRTH:**

**PLACE OF BIRTH:**

**SOCIAL SECURITY NUMBER:**

**Signature of Applicant (For this fingerprint)**

**Email and Phone#:**

Note: ALL INFORMATION MUST BE FILLED OUT IN ORDER TO PROCESS THIS REQUEST

**SEX:**

**RACE:**

**HAIR:**

**EYES:**

**CITIZENSHIP:**

**REASON FOR FINGERPRINT REQUEST:**

**ALIAS OR NICKNAME (S):**

**OCCUPATION:**

**EMPLOYER:**

**ADDRESS:**

**FINGERPRINTED BY:**

**FINGERPRINT FEE(\$40.00):**

PAID

NOT PAID

Please PRINT all information clearly and legibly and make sure that all information is correct

**THANK YOU FOR YOUR COOPERATION**

**FINGERPRINT-AUG-2020**