



**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