



DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Healthcare System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199

FINGERPRINT RECORD PREP SHEET

NAME _____
Last First Middle Initial

SSN _____

DOB ____ / ____ / ____
Year Month Day

PLACE OF BIRTH _____
State Country

GENDER _____

RACE _____

EYE COLOR _____ HAIR COLOR _____

HEIGHT/WEIGHT _____ FEET/INCHES _____ LBS

EMPLOYMENT STATUS (CHECK ONE): EMPLOYEE WOC CONTRACTOR VOLUNTEER PAID INTERN

POSITION TITLE _____

DEPARTMENT _____

PHONE NUMBER _____

EMAIL ADDRESS _____

FOR COURTESY FINGERPRINTING ONLY:

SON _____ SOI _____

HR PERSONNEL USE ONLY:

DATE PRINTED _____ PRINTED BY (INITIALS) _____