

ATTACHMENT C

FINGERPRINT RECORD PREP SHEET

NAME *(Last, First, Middle)*	*PLEASE PRINT CLEARLY*				
SS#	_____				
DOB Year/Month/Date	____/____/____				
SEX	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		
RACE	Native American <input type="checkbox"/>	Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Caucasian/Latino <input type="checkbox"/>	
EYE COLOR	BLACK <input type="checkbox"/>	BLUE <input type="checkbox"/>	BROWN <input type="checkbox"/>	GREEN <input type="checkbox"/>	MAROON <input type="checkbox"/>
	HAZEL <input type="checkbox"/>	GRAY <input type="checkbox"/>	MULTI-COLORED <input type="checkbox"/>	PINK <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
HAIR COLOR	<input type="checkbox"/> BLACK	<input type="checkbox"/> BROWN	<input type="checkbox"/> BLONDE	<input type="checkbox"/> GRAY/PARTIAL	<input type="checkbox"/> BALD
	<input type="checkbox"/> WHITE	<input type="checkbox"/> RED	<input type="checkbox"/> SANDY	<input type="checkbox"/> OTHER: _____	
HEIGHT/WEIGHT (INCHES & LBS)	_____ INCHES		_____ LBS		
PLACE OF BIRTH (COUNTRY/STATE)	_____ COUNTRY		_____ STATE (Abbreviation)		
CITIZENSHIP	U.S. CITIZEN <input type="checkbox"/>	NATURALIZED U.S. CITIZEN <input type="checkbox"/>	<input type="checkbox"/> NON U.S. CITIZEN: _____ :STATUS		
CHECK *(IF APPLICABLE)*	WOC <input type="checkbox"/>	COURTESY PRINTS <input type="checkbox"/>	DIVISION: JB: <input type="checkbox"/> JC: <input type="checkbox"/>		
SERVICE CODE (NOT MILITARY)	EES <input type="checkbox"/>	CEOSH <input type="checkbox"/>	CHAP <input type="checkbox"/>	CANTEEN <input type="checkbox"/>	DIS <input type="checkbox"/>
	FES <input type="checkbox"/>	FMS <input type="checkbox"/>	HAS <input type="checkbox"/>	GRECC <input type="checkbox"/>	HR <input type="checkbox"/>
	SCS <input type="checkbox"/>	OI&T <input type="checkbox"/>	P&L <input type="checkbox"/>	POLICE <input type="checkbox"/>	PCS <input type="checkbox"/>
	SWS <input type="checkbox"/>	Nursing <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>		EMS <input type="checkbox"/>
					EO <input type="checkbox"/>
					ECRS <input type="checkbox"/>
					MHS <input type="checkbox"/>
					N&F <input type="checkbox"/>
					REGIONAL <input type="checkbox"/>
JOB TITLE	_____				
HOME ADDRESS	_____				
E-MAIL	_____				
PHONE	HOME:		CELL:		
	_____		_____		

PERSONNEL USE ONLY:

DATE PRINTED: _____ PRINTED BY: _____ # _____