



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

**FINGERPRINT RECORD PREP SHEET INSTRUCTIONS**

Purpose: The Fingerprint Request form is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide. This form is required by St. Louis SIC before a request for investigation can be submitted.

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**Print Full Name:** Please provide your full legal name as shown on driver’s license or a photo ID.

**Social Security Number:** Please provide your social security number.

**Date of Birth:** Please provide your date of birth. YYYY/MM/DD

**Place of Birth:** Please provide your citizenship. All foreign-born individuals will be required to submit proof of citizenship. (State/Country)

**Gender:** Please print your gender.

**Race:** Please print your race.

**Eye Color:** Please select your eye color.

**Hair Color:** Please select your hair color.

**Height:** Please select your height by feet and inches.

**Weight:** Please provide your weight.

**Employment Status:** Please select your employment status.

**Department:** Please select your department/service.

**Phone Number:** Please provide the complete phone number, with area code, for communication.

**Email address:** Please provide your home email address, as is used for communication.

**Please return completed document, in Adobe (.pdf) format to [STLTraineeOnboarding@va.gov](mailto:STLTraineeOnboarding@va.gov)**



## FINGERPRINT RECORD PREP SHEET

<b>PRINT FULL NAME</b> (LAST, FIRST, MIDDLE)	
<b>SS#</b>	
<b>DOB</b> Year/Month/Date	
<b>PLACE OF BIRTH</b> State/Country	
<b>SEX</b>	
<b>RACE</b>	
<b>EYE COLOR</b>	
<b>HAIR COLOR</b>	
<b>HEIGHT</b> (FEET/INCHES)	
<b>WEIGHT</b> (LBS)	
<b>EMPLOYMENT STATUS</b>	
<b>POSITION TITLE</b>	
<b>DEPARTMENT</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	
=====	
<b>HR PERSONNEL USE ONLY</b>	
<b>DATE PRINTED</b> Year/Month/Date	
<b>PRINTED BY (INITIALS)</b>	

### FOR COURTESY FINGERPRINTING ONLY:

SOI # \_\_\_\_\_ SON# \_\_\_\_\_