



**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.

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.

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

Citizenship: Please provide your citizenship. All foreign-born individuals will be required to submit proof of citizenship.

Gender: Please select your gender.

Race: Please select 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. WOC

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 **do not** include the instruction page with your completed WOC documents. We only need to the forms to be completed and returned.



FINGERPRINT RECORD PREP SHEET

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

FOR COURTESY FINGERPRINTING ONLY:

SOI # _____ SON# _____