## **INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD (FD-258)** NUMBERED INSTRUCTIONS BELOW CORRESPOND TO NUMBERS IN THE FP CARD BELOW

|  | LEAVE BLANK                          |                        | TYPE OF          | PRINT ALL INF  | ORMATION IN BLACK       |  |
|--|--------------------------------------|------------------------|------------------|--|-------------------------|--|
| APPLICANT  |                                      | LAST NAME <u>NAM</u>   | #7               | FIRST NAME   |                         | E NAME                                 |
| SIGNATURE OF PERSON FINGERPRIN                                 | TED #1                               | ALIASES <u>AKA</u>     |                  | CA 034   | 9400                    |  |
| RESIDENCE OF PERSON FINGERPRINTED                              |                                      | -                      | #8               |  | ID & INFO               | DATE OF BIRTH DOB<br>MONTH DAY YEAR    |
|  |                                      |                        | $\pi 0$          | SACRAMENTO, CA   |                         | #16                                    |
| DATE #3  | F OFFICIAL TAKING FINGERPRINTS $\#4$ | <u>CITIZENSHIP CYZ</u> |                  | <u>sex</u><br>#11  | RACE HGT WGT<br>#12 #13 | EYES HAIR PLACE OF BIRTH POB   #14 #15 |
| APPLICANT<br>ENTER YOUR ORI # & MAIL CODE<br>BUSINESS NAME     |                                      | YOUR NO. <u>OCA</u>    | #9               |  |                         |  |
|  |                                      | FBI NO. <u>FBI</u>     |                  |  |                         |  |
| 123 MAIN STREET #5   |                                      |                        |                  | CLASS  | BIL -                   |  |
| SACRAMENTO CA 95814  |                                      | ARMED FORCES NO. N     | <u>INU</u>       |  |                         |  |
| REASON FINGERPRINTED   |                                      | SOCIAL SECURITY NO     | . <u>soc</u> #10 |  | #17                     |  |
| App Type:  | #6                                   |                        |                  | REF  | · · · · ·               |  |
| App Title :  | 110                                  | MISCELLANEOUS NO.      | <u>MNU</u>       |  |                         |  |
|  |                                      |                        | #18              |  |                         |  |
|  |                                      |                        | #10              |  |                         |  |
| 1. R. THUMB  | 2. R. INDEX                          | 3. R. MIDDLE           |                  | 4. R. RING   |                         | 5. R. LITTLE                           |
|  |                                      |                        |                  |  |                         |  |
|  |                                      |                        |                  |  |                         |  |
| 6. L. THUMB  | 7. L. INDEX                          | 3. R. MIDDLE           |                  | 9. L. RING   |                         | 10. L. LITTLE                          |
|  |                                      |                        |                  |  |                         |  |
|  |                                      |                        |                  |  |                         |  |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY                         |                                      |                        |                  |  |                         |  |
|  |                                      | L. THUMB               | R. THUMB         | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY                            |                         |  |
| 1 Applicant's signature ( <u>Mandatory</u> )                   |                                      |                        | 9                | LEAVE B  | SLANK                   |  |
| 2 Enter applicant's home address (Mandatory)                   |                                      |                        |                  |  |                         |  |
| 3 Date: Enter the date the fingerprints were taken (Mandatory) |                                      |                        | 10               | SOC: Enter the applicant's social security number. (Not Mandatory) |                         |  |

- 4 Signature and certification number of Official Taking Fingerprints. (Not Mandatory)
- 5 LEAVE BLANK
- 6 LEAVE BLANK
- Enter applicant's FULL NAME (Mandatory) 7
- Enter any aliases (including maiden name) that 8 the applicant is known by. (Not Mandatory)

- (I **y**)
- 11 Enter applicant's gender (Mandatory)
- Enter applicant's height (feet/inches) (Not 12 Mandatory)
- Enter applicant's weight (Not Mandatory) 13
- 14 Enter applicant's eye color (Not Mandatory)
- 15 Enter applicant's hair color (Not Mandatory)
- 16 Enter date, month and year of birth (Mandatory)
- 17 LEAVE BLANK
- 18 See instructions on the back of the FD-258 Applicant Fingerprint card on how to obtain classifiable fingerprints. (Mandatory)