

FINGERPRINT FORM

NAMES IN FULL *

NATIONALITY *

POSTAL ADDRESS

COUNTY * SUB COUNTY *

LOCATION * SUB LOCATION * VILLAGE *

N.S.S.F NUMBER * DATE OF BIRTH *

F.P. CLASSIFICATION

ROLLED ON IMPRESSIONS-RIGHT HAND

1. RIGHT THUMB	2. R. FORE FINGER	3. R. MIDDLE FINGER	4. R. RING FINGER	5. R. LITTLE FINGER

FOLD

ROLLED ON IMPRESSIONS-LEFT HAND

6. LEFT THUMB	7. L. FORE FINGER	8. L. MIDDLE FINGER	9. L. RING FINGER	10 L. LITTLE FINGER

FOLD

PLAIN IMPRESSION TAKEN SIMULTANEOUSLY

LEFT HAND	RIGHT HAND

NOT – When a finger is amputated, deformed or so injured that the impression thereof cannot be obtained the fact should be noted in the space provide4d for that impression

LEFT THUMB IMPRESSION

RIGHT THUMB IMPRESSION

Name of Recording Officer

Signature.....N.S.S.F. Office.....

Date.....

