Cottonwood Heights Police Department

Fingerprint Service Request – Live Scan

Please print all information clearly

Name: _____
LAST FIRST MIDDLE

Gender: M F Race: _____Eye Color: _____Hair Color: _____
Circle One

Height: ____Ft. ____in. Weight: _____lbs

Reason Fingerprinted: _____

Aliases: _____
Please list all names ever used

Date of Birth: _____ Social Security #: _____
YEAR MONTH DATE

Place of Birth: _____Country of Citizenship: _____
State (Country ONLY if not US)

Address: _____
CITY STATE ZIP

Phone: _____

*****Employer Information Only if NOT A Cottonwood Heights Resident*****

Employer Name/Address:

_____

Employer Phone: _____

I declare under criminal penalty of the State of Utah that the foregoing is true and correct.

Signature: _____Date: _____

The Information contained in this Document is Confidential and is to be used for Official Use by Police Department Personnel Only and will be Destroyed upon Completion of Services

OFFICE USE ONLY

Identification: _____
Type Number Initials # of Cards