



Fingerprint Card Instructions

These are general instructions for filling out standard FBI FD-258 fingerprint cards. Consult your employer or requesting agency for industry specific instructions for ORI and Reason Fingerprinted entries.

Type or print all information in **BLACK INK**. **Do not bend or fold the fingerprint card.** Incorrect or incomplete information may result in delay or rejection

NAM-NAME (As it appears on ID) - Last Name, First Name Full Middle Name

Ex. Doe, Jeffrey Mark Jr.; Ex. Hernandez-Ruiz, Juan Carlos
Suffixes (i.e. Jr., Sr., III, etc.) should follow the middle OR first name.
If initial only, enter "IO"; If no middle name, enter "NMN"

SIGNATURE OF PERSON FINGERPRINTED - Signature should match the name printed at the top of the card

RESIDENCE OF PERSON FINGERPRINTED - Enter FULL residential address, no PO boxes

DATE & SIGNATURE OF OFFICIAL TAKING FINGERPRINTS - Leave blank, official will sign here

EMPLOYER AND ADDRESS - Enter employer name and FULL address

REASON FINGERPRINTED - See your instructions or enter position or license sought, leave blank if you are unsure

AKA-ALIASES - All other names used in the past including maiden names and previous legal names (no nicknames).

ORI-ORIGINATING AGENCY IDENTIFIER - Enter requesting agency's ORI number
This number may be preprinted on your card if you received your cards directing from the agency your results are going to. If you do not have an ORI#, contact the agency requesting your fingerprints.

CTZ-CITIZENSHIP - Enter country of citizenship (i.e. U.S, Canada, Mexico)

YOUR NO. OCA - Leave blank

FBI NO. FBI - Leave blank – Unless you have specific instructions

ARMED FORCES NO. - Leave blank – Unless you have specific instructions

SOCIAL SECURITY NO. SOC - Enter Social Security Number

MISCELLANEOUS NO. MNU - Leave blank – Unless you have specific instructions

SEX - Enter appropriate code, choose one:

Code	Literal	Description
F	Female	Female
G	Female	Female Print, Male Reference
M	Male	Male
N	Male	Male Print, Female Reference
Y	Male	Male, Unreported
Z	Female	Female, Unreported
X	Unknown	Unknown Sex

RACE - Enter appropriate code, choose one:

A	Asian or Pacific Islander	Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or Pacific Islander
B	Black	A person having origins in any of the black racial groups of Africa
I	American Indian or Alaskan Native	American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition
U	Unknown	Of Indeterminable Race
W	White	Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

HGT-Height - Expressed in feet and inches - enter height in three (3) digits (If 6'0", write 600)

WGT- Weight - Expressed in pounds. Enter weight in three (3) digits (If 95lbs, write 095)

Eye color - Enter appropriate code, choose one:

If your eyes are...	Enter...
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Green	GRN
Hazel	HAZ
Maroon	MAR

Hair color - Enter appropriate code, choose one:

If your hair is...	Enter...
Bald	BLD
Black	BLK
Blonde (or strawberry)	BLN
Brown	BRO
Gray (or partially gray)	GRY
Orange	ONG
Pink	PNK
Purple	PLE
Red (or auburn)	RED
Sandy	SDY
White	WHI

DATE OF BIRTH DOB - MM/DD/YYYY

PLACE OF BIRTH POB – Enter place of birth.

If you were born within the U.S.: Enter the state (e.g., WA, CA, FL)
If you were born outside the U.S.: Enter country name only (e.g., Canada, Mexico, Japan)



APPLICANT <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK
FD-258 (Rev. 5-15-17) 1110-0046		LAST NAME NAM	FIRST NAME Doe, Johnathan Mark, Jr	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED <i>Johnathan M. Doe, Jr</i>		ALIASES AKA	O R I			***See requesting agency instructions**			
RESIDENCE OF PERSON FINGERPRINTED <i>12345 N Anywhere ST Bellevue, WA 98008</i>		CITIZENSHIP CTZ <i>US</i>	SEX <i>M</i>	RACE <i>W</i>	HGT. <i>509</i>	WGT. <i>165</i>	EYES <i>BRD</i>	HAIR <i>GRY</i>	DATE OF BIRTH DOB Month Day Year <i>01 01 1979</i>
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS -----LEAVE BLANK-----	YOUR NO. OCA -----LEAVE BLANK-----	LEAVE BLANK						
EMPLOYER AND ADDRESS <i>Employer Name 9876 SE Somewhere PL Seattle, WA 98112</i>		UNIVERSAL CONTROL NO. UCN -----LEAVE BLANK-----	CLASS _____						
REASON FINGERPRINTED ***See requesting agency instructions**		ARMED FORCES NO. MNU -----LEAVE BLANK-----	REF. _____						
		SOCIAL SECURITY NO. SOC <i>000 00 0000</i>							
		MISCELLANEOUS NO. MNU -----LEAVE BLANK-----							
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE					
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				