

CJIS BIOGRAPHIC VERIFICATION REQUEST

*ORI of State/Federal/Regulatory Agency: _____

Name and Address of requesting agency: _____

Name: _____

Address: _____

Name of agency's Point of Contact (POC) for the response: _____

Phone number of POC: _____

*Reason for Request: (Mark appropriate reason for request.)

Permanently Physically Incapable or Double Amputee (If selected, complete Section One)

An individual whose medical condition or disability permanently prevents the collection of any fingerprint impressions.

Fingerprint Impressions Are Determined To Be Illegible (If selected, complete Section Two)

An individual whose fingerprints impressions are of insufficient quality due to medical degradation of ridge detail, age or nature of work.

SECTION ONE: PERMANENTLY PHYSICALLY INCAPABLE OR DOUBLE AMPUTEE

*Name (Last, First, Middle): _____

*Date of Birth (MM/DD/YYYY): _____ *Sex: _____ *Race: _____

Alias Name (Last, First, Middle): _____ Place of Birth: _____

Social Security Number: _____ Miscellaneous Number: _____

State Identification Number: _____ OCA: _____

SECTION TWO: FINGERPRINT IMPRESSION ARE DETERMINED TO BE ILLEGIBLE

*Name (Last, First, Middle): _____

*Two TCNs of the subject's fingerprint submission one of which is required to be the L0008 error message with the caveat of "The quality of the characteristics is too low to be used. Candidate(s) were found. Please resubmit a new set of fingerprints for comparison to the candidate(s)."

(1) _____ (2) _____

*Asterisk fields are required in accordance with the type of request. E-mail the completed form to CJISBioVerify@fbi.gov. CJIS staff will respond to the original e-mail. The FBI notes the NGI System or FBI CJIS Division staff can neither confirm nor deny positive identification based on a biographical search.