

## FINGERPRINT CARD QUESTIONNAIRE

*This is a questionnaire for our files/future use, you are NOT getting actual fingerprints at this time.*

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| <b>Name</b> (List as it appears on your DL/ID)   |  |  |  |  |  |  |  |  |  |
| AKA, Aliases (Please include Maiden names):  |  |  |  |  |  |  |  |  |  |
| Date of Birth:   |  |  |  |  |  |  |  |  |  |
| SSN#:  |  |  |  |  |  |  |  |  |  |
| Citizen Country:   |  |  |  |  |  |  |  |  |  |
| Gender:  |  |  |  |  |  |  |  |  |  |
| Male      Female      Unknown  |  |  |  |  |  |  |  |  |  |
| Height:  |  |  |  |  |  |  |  |  |  |
| ft      in   |  |  |  |  |  |  |  |  |  |
| Weight:  |  |  |  |  |  |  |  |  |  |
| lbs  |  |  |  |  |  |  |  |  |  |
| Race:  |  |  |  |  |  |  |  |  |  |
| White/Caucasian      Black/African American      Asian      Hispanic      American Indian      Other |  |  |  |  |  |  |  |  |  |
| Hair Color:  |  |  |  |  |  |  |  |  |  |
| Brown      Grey      Blue      Blonde      Red      Sandy      White      Bald      Black            |  |  |  |  |  |  |  |  |  |
| Eye Color:   |  |  |  |  |  |  |  |  |  |
| Black      Brown      Grey      Blue      Green      Hazel      Maroon      Multi-color      Pink    |  |  |  |  |  |  |  |  |  |
| Place of Birth (City, State/Country - if applicable)   |  |  |  |  |  |  |  |  |  |

***Please return this form along with the additional required documents to the Licensing Department at [licensingdept@weareeverise.com](mailto:licensingdept@weareeverise.com) or to your licensing coordinator***