



COURT REPORTERS BOARD OF CALIFORNIA

2535 Capitol Oaks Drive, Suite 230, Sacramento, CA 95833
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FINGERPRINT CARD INSTRUCTIONS

All information must be completed (printed or typed) in BLACK INK.

<u>NAME OF BOX</u>	<u>WHAT YOU MUST PROVIDE</u>
NAME	Your Last Name, First Name, Middle Name
Signature of Person Fingerprinted	Your Signature
Residence of Person Fingerprinted	Your residence address
DATE	Month-Day-Year you were fingerprinted
Signature of Official Taking Fingerprint	Signature of person who rolled your fingerprints
AKA	Any aliases, including maiden names, used in the past
DOB	Date of Birth by month-day-year. Example: May 10, 1962, would be entered 5-10-62
SEX	Your sex, M=Male, F=Female
HGT	Your height in feet and inches using a 3 digit code Example: 5 feet 9 inches would be entered as 509
WGT	Your weight, in pounds
EYES	Your eye color. BLK=Black BLU=Blue BRO=Brown GRY=Gray GRN=Green HAZ=Hazel MAR=Maroon PNK=Pink MUL=Multicolor
HAIR	Your hair color. BLK=Black BLU=Blue BRO=Brown GRY=Gray RED=Red SDY=Sandy WHI=White BAL=Bald
POB	Your State of birth, if born in the United States; your Country of birth if born outside the United States
SOC	Last 4 digits of your Social Security Number

Fill in all of the boxes indicated above; do NOT fill in any other boxes

DO NOT BEND OR FOLD FINGERPRINT CARDS

RETURN TO: Court Reporters Board of California, 2535 Capitol Oaks Drive, Suite 230, Sacramento, CA 95833.