

### SAMPLE FINGERPRINT CARD

**(Take this information with you when you go to get your fingerprints taken.)**

**IMPORTANT:** When you get your fingerprints taken, your card must contain the circled information shown on the sample below, along with your identifying information. It is very important that the three circled boxes below are filled in with these exact words whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

**REMEMBER - If you have lived in North Carolina for less than 5 years, you must complete 2 fingerprint cards.**

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK							LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <b>13</b>		LAST NAME <u>NAM</u> <b>1</b>		FIRST NAME			MIDDLE NAME				FBI	
RESIDENCE OF PERSON FINGERPRINTED <b>14</b>		ALIASES <u>AKA</u> <b>2</b>		O R I  NCBCIOOO ST BU OF INV RALEIGH, NC			DATE OF BIRTH <u>DOB</u> MONTH DAY YEAR <b>3</b>				PLACE OF BIRTH <u>POB</u> <b>11</b>	
CITIZENSHIP <u>CTZ</u> <b>4</b>		SEX <b>5</b>	RACE <b>6</b>				HGT <b>7</b>	WGT <b>8</b>	EYES <b>9</b>	HAIR <b>10</b>	LEAVE BLANK	
DATE <b>15</b>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <b>16</b>			YOUR NO. <u>OCA</u> <b>Child Care</b>		LEAVE BLANK						
EMPLOYER AND ADDRESS Division of Child Development 319 Chapanoke Road, Ste 120 2201 Mail Svc Center Raleigh NC 27699 <b>B</b>		FBI NO. <u>FBI</u>		ARMED FORCES NO. <u>MNU</u>		CLASS _____						
REASON FINGERPRINTED <u>Child Care Provider</u> N.C.G.S. 110-90.2 <b>C</b>		SOCIAL SECURITY NO. <u>SOC</u> <b>12</b>		MISCELLANEOUS NO. <u>MNU</u>		REF. _____						

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 FINGER TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

SAMPLE

**INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE****EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.**

- A. OCA Print or type in** "CHILD CARE"
- B. Employer and Address: Print or type**  
**"DIVISION OF CHILD DEVELOPMENT  
 319 CHAPANOKE ROAD, STE 120  
 2201 MAIL SERVICE CENTER  
 RALEIGH NC 27699"**
- C. Reason Fingerprinted: Print or type** "CHILD CARE PROVIDER  
 N.C.G.S.110-90.2"

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F)
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)  
 Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601
8. WGT - Weight in pounds using all numerics. Example: 135lbs. = 135
9. EYES - List eye color: BLK – Black BLU – Blue BRO – Brown  
 GRY – Gray GRN – Green HAZ - Hazel
10. HAIR - List hair color: BLK – Black BLN - Blond or Strawberry BRO – Brown  
 GRY - Gray or partially SDY – Sandy RED - Red or Auburn  
 BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.