

FINGERPRINT CARD INFORMATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

OTHER LEGAL NAMES: _____

PHYSICAL ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

SEX: _____ RACE: _____ EYE COLOR: _____ HAIR COLOR: _____

HEIGHT: _____ WEIGHT: _____

The St. Lucie County Sheriff's Office is specifically authorized by Florida Statute 119.071(5)2 to collect Social Security numbers for the purpose of identification of individuals and to detect fraud, abuse, and other crimes. Social Security numbers are exempt from public records requests and will only be used to determine an individual's identity or detect criminal activity. This collection is imperative to the performance of the duties of the St. Lucie County Sheriff's Office.