

Accurate Biometrics
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Angel Cove Of Baptist Childrens Home (Walk-In) Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ___/___/___ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth :(State or Country if outside USA): _____

ORI # ILL13985S

Type of Check Needed: (circle one)		
State Only	FBI Only	State and FBI
\$40.00	\$46.00	\$56.00

(DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN# _____

**Purpose Code: AWA
Pay On Site
Price listed above**