

*Fingerprint Cards
Example*

APPLICANT	LEAVE BLANK	TYPE OF PRINT ALL INFORMATION IN BLACK				LEAVE BLANK
		LAST NAME PLAM	FIRST NAME	MIDDLE NAME		
		Doc	Jane	Margaret		
SIGNATURE OF PERSON FINGERPRINTED: <i>Jane Doe</i>		ALIASES ASA	C B I	MT025025Y		
RESIDENCE OF PERSON FINGERPRINTED: 1234 5 th Ave Helena, MT 59601		Brown, Jane Smith, Jane				DATE OF BIRTH DOB Month Day Year 01 01 1976
DATE OF FINGERPRINTS TAKEN DATE 1/9/19 <i>Audra Ferris</i>		COUNTRY CIT US	SEX SEX F	HAIR HAIR I	HT HT 506	WT WT 130
EMPLOYER AND ADDRESS: DPHHS QAD: Youth Care Facility		STATE SECURITY NO. SSN 123-45-6789	LEAVE BLANK			
REASON FINGERPRINTED: NCPA/VCA Youth Care Facility Staff		ARMED FORCES NO. AFN				
		MISCELLANEOUS NO. MIS				
1 # THUMB	2 # INDEX	3 # MIDDLE	4 # RING	5 # LITTLE		
Example						
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		1 # THUMB	2 # INDEX	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		

Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, ask the requestor of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.