

## Fingerprint Cards Example

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK
		LAST NAME <b>Doe</b>	FIRST NAME <b>Jane</b>	MIDDLE NAME <b>Margaret</b>		
SIGNATURE OF PERSON FINGERPRINTED <i>Jane Doe</i>		ADDRESS <b>Brown, Jane Smith, Jane</b>		CITY <b>MT025025 Y</b>	STATE <b>MT</b>	DATE OF BIRTH <b>01 01 1976</b>
1234 5 <sup>th</sup> Ave Helena, MT 59601 1/9/19 <i>Audra Ferris</i>		COUNTRY <b>US</b>	HEIGHT <b>506</b>	WEIGHT <b>130</b>	HAIR <b>Bro</b>	EYES <b>Bro</b>
DPHHS OIG Youth Care Facility		IDENTIFICATION NUMBER <b>MTDH00006</b>	LEAVE BLANK			
NCPA/VCA Youth Care Facility and position applying for		PHONE NUMBER <b>123-45-6789</b>	LEAVE BLANK			
<h1 style="font-size: 100px; opacity: 0.5;">Example</h1>						

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.