

SURROGATE'S COURT COUNTY COURTHOUSE
18 RICHMOND TERRACE ROOM 201
STATEN ISLAND, N.Y. 10301

FINGERPRINTING APPOINTMENT

File No. _____

Matter of _____

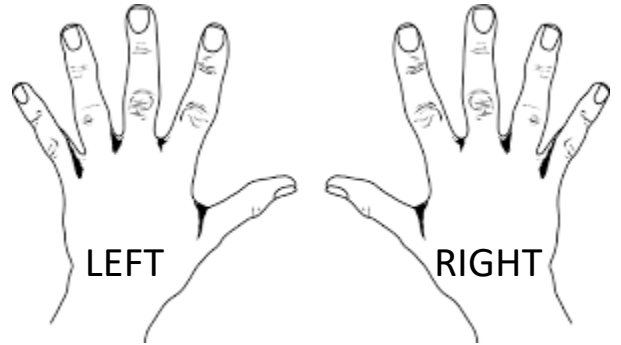
	Name of Person to be Fingerprinted	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Appointment Date _____ at _____

(Appointments on Monday, Tuesday, Thursday or Friday from 10:00 AM to 12:00 PM and 2:00 PM to 4:00 PM)

RICHMOND COUNTY SURROGATES COURT FINGERPRINT INFOSHEET

Please note whether you have any amputations or other conditions that may affect your fingerprinting and note the digit on the diagram below:



FILE # - _____

Last Name - _____

First Name - _____ Middle Name - _____

Date of Birth – (YEAR) _____ (MONTH) _____ (DAY) _____

Sex –

Hair Color –

Eye Color -

HEIGHT - _____ WEIGHT - _____

RACE-

State/Country of Birth - _____

Country of Citizenship _____

Social Security Number - _____

Address - _____

City - _____ State - _____ Zip Code - _____