

# PERSONAL IDENTIFICATION

SEE REVERSE SIDE FOR OTHER INFORMATION

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME HOLMQUIST MIDDLE NAME KRISTOFFER

FBI LEAVE BLANK

PASTE MOST RECENT PHOTOGRAPH AVAILABLE HERE (OPTIONAL)

NICKNAMES OR OTHER NAMES USED

DATE OF BIRTH DOB  
MONTH 12 DAY 18 YEAR 92

DATE FINGERPRINTED

5/21/95

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH

POB

SOCIAL SECURITY NO.

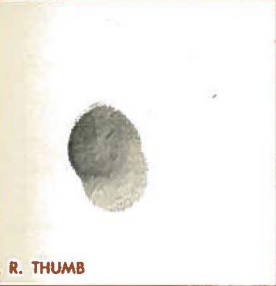
LEAVE BLANK

MISCELLANEOUS NO.

CLASS

BLOOD TYPE

REF.



Scanned 2/3/2022

— NOTICE —

This fingerprint card is furnished for the purpose of the voluntary fingerprinting of minors. This card and all information contained thereon should be stored in a place of safekeeping along with other personal records. In the event a minor is lost, kidnapped, or missing, you may present this document to law enforcement authorities directly responsible for investigating such cases. The fingerprint impressions and other information may be submitted to the Federal Bureau of Investigation (FBI) to aid in locating and identifying missing persons.

— PERSONAL INFORMATION —

PARENTS OR LEGAL GUARDIAN	BUSINESS ADDRESS	PHONE NUMBER
1.		
2.		
CHILD'S DOCTOR	BUSINESS ADDRESS	PHONE NUMBER
CHILD'S DENTIST	BUSINESS ADDRESS	PHONE NUMBER
USE THIS SPACE TO RECORD SCARS, MARKS, OR OTHER CHARACTERISTICS ABOUT YOUR CHILD.		