



# Volunteers in Pinellas (VIP) County Fingerprint Card Information

Agency ORI#: FL922030Z

Agency OCA#: V52020009

Name: \_\_\_\_\_

**YOU MUST HAVE THIS COMPLETED FORM\* AND A VALID  
PHOTO ID WITH YOU WHEN GETTING FINGERPRINTED**

Alias/Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Place of Birth (State): \_\_\_\_\_

Social Security #: \_\_\_\_\_

***\* This form is used to fill out the corresponding fields on the  
Fingerprint Card, FD-258, and should be discarded after the  
fingerprints have been taken.***