

**FINGERPRINT DECLARATION FORM**

This form is to be completed by the person preparing the fingerprints

*IMPORTANT: Fingerprints must be taken by law enforcement or authorized fingerprinting agency.*

**(See reverse side for sample fingerprint card)**

**Name of Person Fingerprinted:** \_\_\_\_\_

I, \_\_\_\_\_ (preparer's name), state that on this day, I prepared the attached fingerprint cards for \_\_\_\_\_ (name), who appeared before me and provided identification of either a current driver's license or other valid U.S. Federal or State-issued photo ID that contains a name, date of birth, gender, expiration date and a tamper-resistant feature in lieu of a drivers' license.

Name of Preparer: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_  
\_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Preparer

*This form is intended to confirm that valid identification was presented at the time the fingerprints were taken. It is not intended that the confirming agency validate or affirm the authenticity of the identification card presented.*

