POLICE DEPARTMENT
DENVER PUBLIC SAFETY

Live Scan Fingerprinting Form

Live scan Appointment Date: _____ **Time:** _____

Full Name (Last Name, First Name Middle Name)	
Aliases (including maiden name)	
Sex	Male ☐ Female ☐
Race	
Eye color	
Hair color	
Height	
Weight	
Date of birth (4 digit year, month, day)	
Place of birth (state or country)	
Country of Citizenship	
Social Security number	
Full home address	
Employer name	
Employer address	
Job Title	
ORI (9 digit)	
Reason Fingerprinted	
PCN # *For ID Bureau Use Only*	