

Catholic Diocese of Peoria
ORI#ILL13671S
Fingerprint Applicant Form

Adam Walsh Act

Photo Identification Needed

Please provide the following information (please print clearly)

Parish: _____ City: _____

Code Number: 701

Last Name: _____ First Name: _____ MI: _____

I.D. # (**Social Security Number**): _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth: (State or Country if outside USA): _____

DO NOT WRITE BELOW THIS BOX – FOR OFFICE USE ONLY

**** Technician: This must be filled in and form mailed to main office ****

F.P. Technician: _____

Date Printed: _____

TCN#: _____

07/21
Purpose Code: AWA
Y&Y
Occupation – Account#
TBB