

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:** _____

Last Name: _____ **First Name:** _____ **MI:** _____
Print Clearly

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# _____

06/19
Purpose Code: AWA
Y & Y
Occupation-Account#
TBB