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Cook County Department of Adoption and Family Supportive Services

Fingerprint Applicant Form

Adam Walsh Act

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

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

ORI # _____

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN# _____