

*Fingerprint Cards  
Sample for  
Child Care Licensing - FFN*

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						LEAVE BLANK
		LAST NAME Doe	FIRST NAME Jane	MIDDLE NAME Margaret				
SIGNATURE OF PERSON FINGERPRINTED: <i>Jane Doe</i>		ALIASES: <u>JANE BROWN, JANE SMITH, JANE</u>		STATE OF RESIDENCE MT025025Y		DATE OF BIRTH: <u>01 01 1976</u>		
RESIDENTIAL ADDRESS: 1234 5 <sup>th</sup> Ave Helena, MT 59601		COUNTRY OF BIRTH: US		SEX F	HAIR W	EYES 506	RACE 130 Blu Bro	
DATE OF EMPLOYMENT: 6/15/17 <i>Whitney Zehm</i>		YOUR NO.: <u>DCA</u>		LEAVE BLANK				
EMPLOYER AND ADDRESS: DPHHS-QAD-FFN		FBI NO.: <u>22</u>		CLASS _____				
NCPA/VCA Legally Cert. Provider		ARMED FORCES NO.: <u>MMU</u>		REP. _____				
		SOCIAL SECURITY NO.: <u>123-45-6789</u>						
		MISCELLANEOUS NO.: <u>MMU</u>						
1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE				
(LEFT FOUR FINGERS, TAKEN SIMULTANEOUSLY)		1. THUMB	2. INDEX	RIGHT FOUR FINGERS, TAKEN SIMULTANEOUSLY				

Example

*Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, **ask the requestor** of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.*