

**Fingerprint Preparation Card**  
Management Division

Board of Governors  
of the Federal Reserve System

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Please print all information (*Legibly*)

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Last Name:

Date:

First Name:

Middle Name:

*(If no MIDDLE name put NMN in space)*

Date of Birth:

Place of Birth:

*City & State or City & Country*

Sex:

Race:

Eyes:

Hair:

HGT:

WGT:

Citizenship:

Social Security Number:

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**CURRENT RESIDENCE OF PERSON BEING FINGERPRINTED**

*(Complete Mailing Address)*

House Address

Street Name or Street Number

City

State and Zip Code

Division:

Position:

Ext:

Contractor:  Yes  No

Contact Person:

Ext:

Name of Company: