



PROVIDENCE POLICE DEPARTMENT BUREAU OF CRIMINAL IDENTIFICATION

BACKGROUND CHECK FINGERPRINTING FORM PROVIDENCE RESIDENTS ONLY

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Adoption | <input type="checkbox"/> School Department Employee |
| <input type="checkbox"/> Home Daycare | <input type="checkbox"/> Ink Card | <input type="checkbox"/> Police Department Employee |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Medical Marijuana | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Firefighter |

Full Name: _____
Last First Middle Initial

*Maiden name or other name(s): _____

Home Address: _____
Street State Zip Code

Telephone Number: _____

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____

Sex: Male Female

Race: American Indian/Pacific Islander Asian African American White Hispanic Other

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime? NO YES If yes, please explain and include dates of conviction:

Have you ever had a record expunged? NO YES

Have you been a resident of the State of Rhode Island within the past five (5) years? NO YES

If no, please list the state(s) you have lived in within the past five (5) years: _____

Name of Facility Requesting Results: _____

Facility Address: _____
Street City, State Zip Code

FOR OFFICIAL USE ONLY

Check Number: _____

Check Amount: _____