



Phone: 773-685-5699  
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www.accuratebiometrics.com

## Diocese of Joliet Fingerprint Applicant Form

This form must be presented in person at the time of fingerprinting.

Please provide the following information. Please print clearly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Maiden name/legal name change: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**ORI # ILL13693S**

**Account # 040**

**Site name: Catechetical Formation**  
**Address: 16555 Weber Rd.**  
**Crest Hill, IL 60403**

DO NOT WRITE BELOW THIS LINE

TCN# \_\_\_\_\_

Date Printed \_\_\_\_\_