1. R Thumb	2. R Index	3. R Middle	4. R Ring	5. R Little
6. L Thumb	7. L Index	8. L Middle	9. L Ring	10. L Little

Left Four Fingers Taken Simultaneously	L Thumb	R Thumb	Right Four Fingers Taken Simultaneously

The following is the victim's personal identification information:

Full Name

Other Names Used

Date of Birth   Social Security Number

Sex   Race   Height   Weight   Eyes   Hair

Place of Birth   Citizenship

Current Mailing Address

City   State   Zip

Current Phone Number   Driver's License Number

Law Enforcement Officer: Please verify identity information above against a government issued photo ID.
Please mail completed form in your official agency envelope to:
KBI, Attn: Criminal Records - ID Theft, 1620 SW Tyler, Topeka, KS 66612
DO NOT ALLOW THE SUBJECT TO MAIL THESE FORMS

Signature of official taking fingerprints   ORI

Signature of person printed (victim)   Date

Passport quality picture included with claim?   Yes   No   (circle one)   Photos verified

If known, please indicate which part of your identity was used:

☐ Name ☐ Date of Birth ☐ Social Security Number ☐ All of these

What is your relationship to the offender:

☐ A Relative ☐ An Acquaintance/Friend ☐ A Stranger ☐ Unknown

If known, please include the following information regarding the offender's true identity:

Full Name

Other Names Used

Date of Birth _____ Social Security Number

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair

Place of Birth _____ Citizenship

Current Mailing Address

City _____ State _____ Zip

If you are aware of how your identity was obtained, briefly describe:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

KBI Use Only

SID _____ **contains**: ☐ *Name* ☐ *Date of Birth* ☐ *Social Security Number*   **Prints**: ☐ *Match* ☐ *No Match*   **Flag**: ☐ *Yes* ☐ *No*

SID _____ **contains**: ☐ *Name* ☐ *Date of Birth* ☐ *Social Security Number*   **Prints**: ☐ *Match* ☐ *No Match*   **Flag**: ☐ *Yes* ☐ *No*

SID _____ **contains**: ☐ *Name* ☐ *Date of Birth* ☐ *Social Security Number*   **Prints**: ☐ *Match* ☐ *No Match*   **Flag**: ☐ *Yes* ☐ *No*

SID _____ **contains**: ☐ *Name* ☐ *Date of Birth* ☐ *Social Security Number*   **Prints**: ☐ *Match* ☐ *No Match*   **Flag**: ☐ *Yes* ☐ *No*

SID _____ **contains**: ☐ *Name* ☐ *Date of Birth* ☐ *Social Security Number*   **Prints**: ☐ *Match* ☐ *No Match*   **Flag**: ☐ *Yes* ☐ *No*

☐ No matches to personal descriptors found ☐ Fingerprints do not match any prior records _____