IDENTITY HISTORY SUMMARY REQUEST .FD-1164 (Rev. 11-1-20)		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME							FBI LEAVE BLANK		
SIGNATURE OF REQUESTOR											
ADDRESS								DA	DATE OF BIRTH DOB YYYY/MM/DD		
DAI		ATE FINGERPRINTED S		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB	
SOC		OCIAL SECURITY NO.		01.4	LEAV				/E BLANK		
FINGERPRINTED BY					REF.						
		, in									
1. R. THUMB	2. R.INDEX	3. R. MIDDLE	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 FINGERSTAKEN SIMULTANEOUSLY		L.THUMB	R. THUMB		RIGHT FOURFINGERSTAKEN SIMULTAN					ULTANEOUSLY	

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

US Department of Justice Order 556-73

To assist with obtaining legible fingerprints:

- 1. Wash and dry fingers thoroughly.
- 2. Roll fingers from nail to nail, and avoid allowing fingers to slip.
- 3. Be sure impressions are recorded in correct sequential order.
- 4. Indicate in the appropriate fingerprint blocks if fingers are missing/amputated.
- 5. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained.
- 6. Examine the completed prints for image quality.

Privacy Act Statement:

Authority: The collection of your fingerprints and associated personal information is authorized by 5 U.S.C. 552a and 28 C.F.R. 16.30-16.34.

Purpose: The FBI will use your information to search the Next Generation Identification (NGI), its biometric and identity history system, to locate your FBI Identification record (or lack thereof).

Routine Uses: The information you provide will be protected and the FBI may only share this information in accordance with the Privacy Act.

Disclosure: Provision of your fingerprints and associated personal information, including your Social Security number, is voluntary; however, without the information the FBI will be unable to process your request and search the NGI System for your FBI Identification record.

Paperwork Reduction Act Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this imformation collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department of Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.