



Deceased Fingerprints
 TEXAS DEPARTMENT OF PUBLIC SAFETY
 CRIME RECORDS DIVISION
 PO BOX 4143, MSC 0230
 AUSTIN TX 78765-4143



NCIC CLASSIFICATION
ADDITIONAL NOTES

POSSIBLE NAME (LAST, FIRST, MIDDLE)	POSSIBLE TX SID NO.	POSSIBLE FBI NO.
-------------------------------------	---------------------	------------------

SEX	RACE	ETH	HGT	WGT	EYE	HAI	POSSIBLE DOB	POSSIBLE ALIAS NAMES
-----	------	-----	-----	-----	-----	-----	--------------	----------------------

CONTRIBUTING AGENCY	POSSIBLE SOCIAL SECURITY NO.	POSSIBLE DL or ID NO.	DL or ID STATE
ORI: _____	PLACE OF DEATH	DATE OF DEATH	DL or ID TYPE
NAME: _____	CAUSE OF DEATH		
CITY: _____ STATE: _____			

DECEASED FINGERPRINTS	DATE PRINTS TAKEN	PRINTED BY	REPORTING OFFICER
------------------------------	-------------------	------------	-------------------

--	--	--	--	--

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 CR-26 (REV. ##)