

LEAVE BLANK

CRIMINAL

(STAPLE HERE)

LEAVE BLANK

STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPUTATION

SCAR

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

STATE USAGE

07

RUIZ, YVETTE KRYSTELLA

SIGNATURE OF PERSON FINGERPRINT

SOCIAL SECURITY NO.

LEAVE BLANK

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

FBI NO.

STATE IDENTIFICATION NO.

34564014

DATE OF BIRTH MM DD YY

[REDACTED]

SEX

F

RACE

HEIGHT

WEIGHT

EYES

HAIR



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

\\SOPRINT4\SM\_For-AutoArch\01dne 03/29/

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**WASHINGTON, D.C. 20537**

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OF VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT

<b>JUVENILE FINGERPRINT</b>  SUBMISSION YES <input type="checkbox"/>  TREAT AS ADULT YES <input type="checkbox"/>		<b>DATE OF ARREST</b>  YY MM DD		<b>ORI</b> CONTRIBUTOR ADDRESS  REPLY YES <input type="checkbox"/> DESIRED?					
<b>SEND COPY TO (ENTER ORI)</b> SCT/ SCT/ SCT/		<b>DATE OF OFFENSE</b>  MM DD YY		<b>PLACE OF BIRTH (STATE OR COUNTRY)</b>  POB ( )		<b>COUNTRY OF CITIZENSHIP</b>			
<b>MISCELLANEOUS NUMBERS</b> CDL-		<b>SCARS, MARKS, TATTOOS, AND AMPUTATIONS</b>							
		<b>RESIDENCE/COMPLETE ADDRESS</b> [REDACTED]				<b>CITY</b>		<b>STATE</b>	
<b>OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)</b> VAN NOSTRAND - MNOST 08132014		<b>LOCAL IDENTIFICATION/REFERENCE</b> 07 /				<b>PHOTO AVAILABLE?</b> YES		<b>PALM PRINTS TAKEN?</b> YES	
<b>EMPLOYER:</b> IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.						<b>OCCUPATION</b>			
<b>CHARGE/CITATION</b> 1.						<b>DISPOSITION</b> 1.			
2.						2.			
3.						3.			
<b>ADDITIONAL</b>						<b>ADDITIONAL</b>			
<b>ADDITIONAL INFORMATION/BASIS FOR CAUTION</b>						<b>STATE BUREAU STAMP</b>			

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