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

DATE OF BIRTH DOB YYYY/MM/DD

DATE FINGERPRINTED

SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB

SOCIAL SECURITY NO.

LEAVE BLANK

CLASS

REF.

FINGERPRINTED BY

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

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 information 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.