

GEORGIA NAME SEARCH REQUEST FORM

Please complete the form below to request a Georgia name check. Please be advised that an individual's fingerprints must be rejected twice for image quality prior to requesting a Georgia name check. Please be advised that the final response will be indicated on the front of the card in the SID block or stamped with response on the back of the card.

ORI of State/Federal/Regulatory Agency: _____

Your Agency's Point of Contact (POC) for the Response: _____

Phone Number of POC: _____

FAX Number of POC: _____

Address of Requesting Agency: _____

Please FAX _____ or mail _____ my response to this request.

SUBJECT OF NAME CHECK

Transaction Control Number (TCN) of Subject's Fingerprint Submission: _____

Transaction Control Number (TCN) of Subject's Fingerprint Submission: _____

Name: _____ Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Social Security Number: _____ Miscellaneous Number: _____

State Identification Number: _____ OCA: _____

**** Please note that highlighted fields are required for name check searches. **
Be sure to include the TCN from both rejected transactions.**

Mail fingerprint cards along with the form to:
Georgia Bureau of Investigation
ATTN: CCH /ID Applicant Unit- Name Check Request
3121 Panthersville Road
Decatur, Georgia 30034