



State Identification Bureau (SIB) Certified Request Form

Today's Date:

*Hover over circle(s) for helpful information.

CERTIFIED CRIMINAL HISTORY RECORD AND CERTIFIED FINGERPRINT CARD

Defendant: NYSID#: DOB:
Request Reason: How many Fingerprint Cards needed per Arrest?
Date(s) of Arrest:
(If no Date of Arrest is entered, the most recent Arrest Fingerprint card with a Conviction will be provided.)

CERTIFIED FINGERPRINT COMPARISONS

Defendant: NYSID #: Arrest #: Arrest Date: CJTN:

DOCUMENTS WILL BE RETURNED TO:

Office: Phone:
Title:
Name:
Address:
City: State: Zip Code:
Email:

Overnight Delivery is available if you provide your shipping company and account number in the boxes below.

Due Date:

Do not send Criminal History Records (Rapsheets) with your request.

Shipping Company input box

Account # input box

Shipping Company

Account #

Submit Form button