



# Cumberland County Sheriff's Office Fingerprint Request Form



Today's Date:

First Name

MI

Last Name

Place of Employment

Work Phone Number

Home Phone Number

Cell Phone Number

Street Address

City

State

Zip Code

Email Address

## Requested Fingerprint Appointment

Date

Time

# of Fingerprint  
Cards

Reason for  
Fingerprints

**\*\*\* PLEASE NOTE \*\*\*** Due to the volume of requests recieved, and mailing time, please allow 2 weeks from today's date to choose your requested appointment date. If the time you request is unavailable you will be contacted as soon as possible to reschedule. Thank you.