

INSTRUCTION: In your own handwriting, repeat the following information as instructed.

NAME (First, middle, last)			STREET ADDRESS				CITY			STATE	
PLACE OF BIRTH		SOCIAL SECURITY NO.		DATE OF BIRTH	AGE	HEIGHT		WEIGHT	BUILD		
COLOR OF EYES	COLOR OF HAIR	RIGHT OR LEFT HANDED		PLACE OF EMPLOYMENT (or last employment)			OCCUPATION OR TRADE				
NAME OF NEAREST RELATIVE			RELATIONSHIP		ADDRESS						
Arthur Bob Charles					Don Edward Frank						
Ken Ivan MacMay					Nancy Olson Paul						
Vicki Winn Yancy					Lloyd T. CcGriff						
Larry Brown Gonzales					Wilson Earl Jones						
Route 6, Box 358, Apt. 842					4468 Boxer Circle Dr., N.W.						
16230 Cambridge Court					2736 East Place, S.W.						
A B C D E F G H I J K L M N O P Q R S											
T U V W X Y Z			James H. McQueen				George Henry Johnson				
4756 N. 49th Street			1928 North 300 Ave.				5819 E. South Terr., S.E.				
Abbot			succeed				effort				
gaggle			simmer				root				
array			essence				Battle				
SIGNATURE OF INDIVIDUAL PROVIDING SAMPLE							DATE				
WITNESSED BY			DATE WITNESSED		EXEMPLARS OF (print last name, first name, initial)						
CASE NUMBER					VA FIELD OFFICE						