

PRISONER CONTROL RECORD

PHOTO

NAME (LAST, FIRST, MIDDLE)					
RACE	SEX	DOB	PLACE OF BIRTH	HGT	WGT
EYES	HAIR	COMPLEXION	BUILD	SCARS, MARK, TATTOOS	
SOC		DR LIC NO	STATE	OCCUPATION(S)	
FINGERPRINTS ON FILE			AGENCY		
ADDRESSES		DATE	ADDRESSES		DATE

ALIAS(ES)	
FBI NUMBER	SID NUMBER

NEXT OF KIN	ADDRESS	TELEPHONE NO.
DOCTOR	ADDRESS	TELEPHONE NO.
SUICIDAL	HEART	DIABETIC
EPILEPTIC _____		

SPECIAL REMARKS (INCLUDE DATE AND INITIALS)

