ROYAL GRENADA POLICE FORCE

Elimination Finger Print Form

File No. ..... Classification .....

Name ....

Address ..... Ref: ..... Registration No. .....

Date ..... Passport No. .....

Signature of Officer taking Prints .....

Signature of Applicant ..... Results: .....

Purpose for which Required: ..... Checked by: .....

Classified by: ..... Date: .....

Traced by: ..... Date: ..... Date: .....

1 R. THUMB	2 R. INDEX	3 R. MIDDLE	4 R. RING	5 R. LITTLE

6 L. THUMB	7 L. INDEX	8 L. MIDDLE	9 L. RING	10 L. LITTLE

LEFT FOUR-FINGERS TAK.EN TOGETHER	1 L. THUMB	2 R. THUMB	RIGHT FOUR-FINGERS TAKEN TOGETHER

RACE	SEX	HAIR	EYES	HEIGHT	AGE	COLOUR