



New Mexico Applicant Fingerprint Registration Receipt
Please Enter Your Information

PERSONAL INFORMATION

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Aliases: _____

Date of Birth: (MMDDYYYY): _____

Place of Birth: _____ **Country of Citizenship:** _____

Social Security No: XXX-XX- _____ **Reenter SSN: XXX-XX-** _____

Last 4 numbers only

Last 4 numbers only

Sex: _____ **Race:** _____

Height: _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____

Driver License No: _____ **Driver License State:** _____

ADDRESS INFORMATION (Must be physical address. No PO Boxes)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____