

Republic of the Philippines
 Department of National Defense
Philippine Veterans Affairs Office
 Camp Emilio Aguinaldo, Quezon City

PVAO-FSFV-12-01

Dactyloscopy Unit
 Fingerprint Form

DATE _____

NAME _____
 (Name of **Person fingerprinted**)

**FOR FINGERPRINT
 PURPOSE
 ONLY**

PLS. READ INSTRUCTIONS CAREFULLY BEFORE ACCOMPLISHING THIS FORM.

1. PVAO, FORM(S) MUST **BE FINGERPRINTED/TAKEN AT THE NEAREST NBI OFFICE, POLICE STATION OR PVAO, FIELD OFFICE TO AVOID BLURRED THUMBPRINTS.**

2. ALSO, THERE MUST BE **NO ERASURES** IN THE **SIGNATURES** ON THE FORM.

THIS IS TO CERTIFY that the following are the specimen of my **THUMB PRINTS** and known **SIGNATURES.**

	<u>C</u> <u>L</u> <u>E</u> <u>A</u> <u>R</u>	
<u>SEVEN (7) LATEST SIGNATURES</u>	<u>LEFT</u> THUMB PRINTS	<u>RIGHT</u> THUMB PRINTS
	ROLLED IMPRESSION	
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
		<u>RIGHT THUMB PRINT BASE TO TIP</u>
		<u>LEFT THUMB PRINT BASE TO TIP</u>

NOTE: Claimant Personally Appeared.

DONE IN THE PRESENCE OF _____
 SIGNATURE OVER PRINTED NAME OF **OFFICIAL**
 TAKING PRINTS

DATE _____

SAMPLE CLEAR THUMB PRINTS

LEFT THUMB RIGHT THUMB

