



Ink & Roll Fingerprinting Form

Commissionaires Nova Scotia, ID Services

- **Halifax:** 1505 Barrington Street, 902-429-0682
- **Dartmouth:** 900 Windmill Road, Unit 101, 902-434-0800
- **Cape Breton:** 325 George Street, Sydney, 902-539-2764 ● **Truro:** 802 Prince St., Suite 102, 902-843-3444
- **Valley:** 57 Webster Street Suite 203, Kentville, 902-678-9758

Personal Information (Please Print Clearly)	
Family/Surname:	Maiden Name/ Nickname/ Alias:
Given Name 1:	Given Name 2:
Date of Birth: (YYYY/MM/DD)	Place of Birth: (City/Province-State/Country)
Occupation:	Employer:

Current Address:			
Address (No. Street, Apt.):	City/Town:		
Province/State:	Postal/ZIP Code:	Phone Number :	
Previous Address (if less than five (5) years at current address):			
Address (No. Street, Apt.):	City/Town:	Province/Country	Postal Code
Address (No. Street, Apt.):	City/Town:	Province/Country	Postal Code

Reason for Fingerprints (please Check and provide all relevant information)		
Employment <input type="checkbox"/> Private Industry , Company name: → <input type="checkbox"/> Federal, List Section & Position → <input type="checkbox"/> Provincial & Municipal , List Section & Position →		
<input type="checkbox"/> Permanent Residence/ Landed Immigrant	<input type="checkbox"/> Immigration , File Number (CIC):	<input type="checkbox"/> Citizenship, File Number:
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Vulnerable Sector (+ Consent form)	<input type="checkbox"/> Pardon Application
<input type="checkbox"/> International Adoption:	<input type="checkbox"/> Travel, Visas, or US Waivers:	<input type="checkbox"/> Enrolment, CNS Number: _____
<input type="checkbox"/> Other:		

Current Date:		
Identification Presented:		
ID:	Number:	Photo: Yes <input type="checkbox"/> No <input type="checkbox"/>
ID:	Number:	Photo: Yes <input type="checkbox"/> No <input type="checkbox"/>