

INMATE PERSONAL APPEARANCE FORM

Name: _____ DIN: _____
(Last) (First)

Date of Photo: _____

Age: _____ DOB (mm/dd/yyyy): _____ Height: _____ Weight: _____

Ethnicity:

- H Hispanic
- N Non-Hispanic

Race:

- A Asian
- B Black
- I Native American
- W White
- O Other

Hair:

- Blonde
- Red
- Brown
- Black
- Gray
- Partial Gray
- Bald
- Partial Bald

Eyes:

- Blue
- Brown
- Green
- Hazel
- Other

Physical Characteristics (Tattoos, Scars, Moles, Birthmarks and Other Distinguishing Features) on Upper Body:

- Amputation _____
- Deaf/Hearing Aid _____
- Blind/Visually Impaired _____
- Wears Glasses _____
- Dentures/Partial Plate _____
- Gold Teeth _____
- Wheelchair _____
- Uses Cane _____
- Artificial Limb _____
- Body Piercing/Removable Body or Dental Jewelry (e.g., a metal grill or cap over the teeth or a ring, stud, barbell, or plug piercing the tongue, eyebrow, lip, or belly etc.) _____

ID Officer Name (Print): _____ Signature: _____

DSS/Designee Reviewer Name: _____ Date: _____

- Disapproved Send back to ID Office for the following corrections:

- Approved Forward to (Name): _____
For data input changes or verification with FPMS screen #3
Date changes made: _____

NOTE: Forward corrected form to IRC Office for filing in inmate's ID Envelope/Legal folder.