



Fingerprinting Request

Applicant Information

Please print the following information:

Last Name:		Maiden Name:	
First Name:	Second Name:	Third Name:	
Date of Birth: _____ YEAR _____ MONTH _____ DAY		Place of Birth:	
Gender:		Phone Number	
Mailing Address: _____ Street Address, City, Province, Postal Code			
Home Address if different then above: _____ Street Address, City, Province, Postal Code			

Purpose(s) of Request

Please check the purpose(s) that apply to your request:

<input type="checkbox"/>	\$75	Adoption (Canadian or Foreign)
<input type="checkbox"/>	\$50	Canadian Citizenship
<input type="checkbox"/>	\$50	Employment- Federal Government
<input type="checkbox"/>	\$75	Employment- Provincial Government
<input type="checkbox"/>	\$75	Employment- Private Industry
<input type="checkbox"/>	\$75	Employment- Other
<input type="checkbox"/>	\$50	Landed Immigrant/Permanent Resident
<input type="checkbox"/>	\$75	Name Change in Newfoundland
<input type="checkbox"/>	\$75	Other Civil Application
<input type="checkbox"/>	\$0	Privacy Act Request (for non-certified Criminal Information)
<input type="checkbox"/>	\$0	Privacy Act Request (For Suspended Criminal Record)
<input type="checkbox"/>	\$0	Privacy Act Request (Other)
<input type="checkbox"/>	\$75	Visa, Border Crossing, Foreign Travel or Work
<input type="checkbox"/>	\$75	Record Suspension/ Pardon
<input type="checkbox"/>	\$0	Vulnerable Sector (Volunteer)
<input type="checkbox"/>	\$25	Vulnerable Sector(Employment)
<input type="checkbox"/>	\$75	Other

* Please note that the current fees are subject to change and are posted in the office at which application is made.
 ** The federal portion of the fee is required to be paid in cash as they do not accept electronic payment at this time.
 *** Electronic Fingerprints are the form of fingerprint produced. Ink to paper will only be available in special circumstances subject to approval of the RNC.

Applicant Authorization

Applicant Signature:	Date:
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Office Use Only

Cashier Signature:	Receipt Number:	Date:
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Note: Individuals requiring Fingerprinting must complete this form, along with required payment.