



# Destruction of Fingerprints and Photograph Application

PERSONAL INFORMATION				
Surname		First Name		Middle Name
Surname (at time of arrest)		First Name (at time of arrest)		Middle Name
Contact Telephone Number		Date of Birth (Mandatory)	YYYY	MM DD
Current Address	Number/Unit Street	City/Town	Prov.	Postal Code
AGENT/LAWYER INFORMATION (IF APPLICATION MADE BY LAWYER)				
Surname		First Name		Contact Telephone Number
Address	Number/Unit Street	City/Town	Prov.	Postal Code
CHARGES				
File #	Final Court Date	Court Location	Charges	Disposition
CONSENT TO DESTROY FINGERPRINTS, PHOTOGRAPHS AND CRIMINAL HISTORY				
I hereby request the Royal Newfoundland Constabulary to consider destroying my fingerprints and photographs for the charges listed above. I acknowledge that I will be notified in writing, to the address provided above, when a decision has been made and when the process has been completed.				
Date _____, 20____ MMM/DD		Signature _____		
FOR POLICE USE ONLY				
Action	Action Processed By			Date (YY/MM/DD)
Application Received				
Acknowledgement Letter Sent				
Request Submitted to RCMP				
Fingerprints Received From RCMP				
Destruction Completed				
Request Denied				
Decision Letter Sent				

Request to be completed and emailed to the RNC at [contactrnc@gov.nl.ca](mailto:contactrnc@gov.nl.ca) or delivered to your local station:

St. John's: 1 Fort Townshend, St. John's, NL, A1C 2G2

Tel: (709)729-8142

Fax: (709) 729-8685