Duplin County Sheriff's Office
Concealed Handgun Permit Applicant
Request for Fingerprints

Please **PRINT** the following information:

Name: _____

Last First Middle Maiden Suffix
I, II, III
Sr, Jr

Gender: M F **Race:** ASIAN BLACK AMER INDIAN WHITE UNKNOWN

Height: ____ ft ___ ___ in **Weight:** _____

Eyes: BLACK BLUE BROWN GRAY GREEN HAZEL

Hair: BALD BLACK BLONDE BROWN GRAY RED SANDY WHITE

Date of Birth: _____/_____/_____

Place of Birth: _____
Name of State

Country of Citizenship: USA or _____
Name of Country

Rev: 7/20/15