

TBI USE ONLY

Received

By: _____

Date: _____

**Tennessee Bureau of Investigation
901 R. S. Gass Boulevard
Nashville, Tennessee 37216**

Contact Information:

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615-744-4256

615-744-4309

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Arrestee DNA Sample Submittal Form

ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTATED

Print Legibly:

Name- Last:		First:		Middle:	
Race:	Sex:	DOB:	SSN:		
SID #:	TOMIS # (if available):	Alias(s):			

Arrest and Booking Information

Arresting Officer Name (Full Name):		Department Making Arrest (Do Not Use Initials):	
Arresting Department Full Address and Phone:			
Booking Facility (Do Not Use Initials) and Full Address:			Phone:
Collected By (Full Name):		Title:	Date of Collection:

Arrest Information

Booking #	Date of Arrest (MM/DD/YY):	
Qualifying Offense(s) at time of arrest <u>AND</u> TCA code(s):	Right Thumb Print	
	Left Thumb Print	