

**TBI USE ONLY**

Received

By: _____

Date: _____

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

Arrestee DNA Sample Submittal

Contact Information:

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Phone: (615) 744-4309

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ALL INFORMATION, INCLUDING THUMB PRINTS AND DATE OF ARREST, REQUIRED UNLESS OTHERWISE NOTATED**ARRESTEE INFORMATION**

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

ARRESTING AGENCY INFORMATION

Arresting Officer Name (Full Name):	Department Making Arrest (Do Not Use Initials):	Department ORI:
Arresting Department Full Address:	Phone:	

BOOKING AGENCY INFORMATION*Is Booking Agency the same as Arrest Agency?*

Booking Facility (Full Name and ORI):	Booking Facility (Full Address):	Phone:
Collected By (Full Name):	Title:	Date of Collection:

ADDITIONAL ARRESTEE INFORMATION

Booking#:	<input type="checkbox"/> Sex Offender	Date of Arrest (MM/DD/YYYY):
Qualifying Offense(s) at time of arrest AND TCA code(s):		Arrestee Right Thumb Print REQUIRED
1.		Arrestee Left Thumb Print REQUIRED
2.		
3.		
4.		
5.		
6.		