

**TBI USE ONLY**

Received

By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Arrestee DNA Sample Submittal

**Contact Information:** Email:

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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 <b>AND</b> TCA code(s):		Arrestee Right Thumb Print <b>REQUIRED</b>
1.		Arrestee Left Thumb Print <b>REQUIRED</b>
2.		
3.		
4.		
5.		
6.		