

**TBI USE ONLY**

Received

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

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

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

**Convicted Offender DNA Sample Submittal****Contact Information:** Email:

TBI.CODIS@TN.GOV

Phone: (615) 744-4309

(615) 744-4261

Fax: (615) 744-4391

**ALL INFORMATION, INCLUDING THUMB PRINTS, REQUIRED UNLESS OTHERWISE NOTATED****CONVICTED OFFENDER INFORMATION**

Name Last:		First:		Middle:	
Race:	Sex:	DOB:	SSN:		
TOMIS or SO #:	SID#:	<input type="checkbox"/> Sex Offender (Is this convicted offender a sex offender?)			
Alias(s):					
Felony Conviction Offense:		Date of Conviction <small>After July 1, 1998 unless Sex Offender</small>	County and State of Conviction:		

**REQUESTING AGENCY**

Agency Name:		Agency ORI:	Supervising Officer:	
Full Address:		Phone#: ( )	Fax#: ( )	
Date Collected:	Collected By (Name):	Collected By (Title):		

For BOPP/Community Correction Only <input type="checkbox"/> Paid/To Be Paid <input type="checkbox"/> Indigent  Date: _____  Initials: _____	Offender Left Thumb Print <b>REQUIRED</b>	Offender Right Thumb Print <b>REQUIRED</b>
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