



United States Marshals Service  
Southern District of Florida

**Background Investigation Form**

*This form must be filled out completely and accurately.*

This form must be typed if possible. You can type directly into this form using Adobe Acrobat. You cannot save the typed information unless you're using "Adobe Acrobat Professional." Use the TAB key to navigate between required fields.

**If handwritten, information must be legibly printed in ALL UPPERCASE LETTERS**

Name of Company:   
*(This should be the company that you will be working for/with while at the Courthouse)*

Complete and Full Name(s): *(including aliases and maiden names)*

*(Last Name) (First Name) (Middle)*

Date of Birth:  Social Security Number:  -  -   
*Month/Day/Year*

Race: (Check Only One):  Asian  Black  Indian  White

Place of Birth: City:  State:  Country:

U.S. Citizenship:  By Birth  Naturalized Location Naturalized:

Alien Registration Number:  Date Naturalized

Driver License Number:  State Issued:

Sex:  Male  Female Height:  Weight:  Hair Color:

Current Home Address

Street number:  Apartment #:

City:  State:  Zip Code:

**TO BE SIGNED BY APPLICANT ONLY**

*By signing this form, I declare all information to be accurate and complete. I understand this information may be used for an FBI Records Check.*

Signature

Date