

WISCONSIN CRIME INFORMATION BUREAU IDENTIFICATION SUPPLY REQUEST/ORDER FORM

AMOUNT REQUIRED	FORM	NUMBER
	FINGERPRINT CARD w/o ORI	DJ-LE-241
	FINGERPRINT CARD w/ORI	DJ-LE-241
	FINAL DISPOSITION REPORT	DJ-LE-249
	DEATH NOTICE	DJ-LE-244

AMOUNT REQUIRED	FORM	NUMBER
	CIB PRE-ADDRESSED ENVELOPE	
	FBI APPLICANT FINGERPRINT CARD	FD-258
	FBI PERSONAL ID CARD	FD-353

COMMENTS

ADDRESS ALL REQUESTS TO:

Image & Archive Unit
 Crime Information Bureau
 P.O. Box 2718
 Madison, WI 53701-2718
 Telephone: 608/266-9585
 Facsimile: 608/267-1338
 Email: brownca@doj.state.wi.us

Requesting Agency:

AGENCY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

ATTENTION: _____

For CIB Use Only

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AGENCY: _____

DATE RECEIVED: _____ DATE SENT: _____

FILLED BY: _____