



POLICE RECORD APPLICATION FORM

Applicants shall complete every field of this form in their own handwriting using BLOCK letters

Birth Certificate/Passport No: _____ Country: _____

Applicants Surname: _____ First Name: _____

Middle Name: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Father's Name: _____

Marital Status: Single Married Widowed Divorced

Occupation: _____ Applicant's Address: _____

Applicant's Phone: _____ Fax: _____ E-mail Address: _____

Police Record Address To: _____

Police Clearance Purpose: _____

Applicant's Signature: _____

Date: _____

FINGERPRINT FORM

This Fingerprint Form shall be completed by the applicant as part of the application for a Police Record Certificate from the Tonga Police National Criminal Record Office. The Fingerprint Form is for IDENTIFICATION PURPOSES ONLY.

Plain Impression of the Left Hand

Left Thumb

Right Thumb

Plain Impression of the Right Hand