

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 10/31/2023)

110-0046 (Exp. 05/31/2028)

LEAVE BLANK

LAST NAME

NAM

TYPE OR PRINT ALL INFORMATION IN BLACK

FIRST NAME

MIDDLE NAME

AGUAD ZARZAR

JOANNA

ALEJANDRA SR

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
RUSINQD09Z
I

RESIDENCE OF PERSON FINGERPRINTED

16699 COLLINS AVENUE
802
SUNNY ISLES BEACH, FL 33160

DATE OF BIRTH DOB
Month Day Year
01 17 1972

CITIZENSHIP CTZ
CQ

SEX
F

RACE
W

HGT.
506

WGT.
121

EYES
GRN

HAIR
BLN

PLACE OF BIRTH
CQ

POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

06/12/2026

YOUR NO. OCA
817342150

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS

REASON FINGERPRINTED

LIVING, WORKING OR TRAVELING IN A
FOREIGN COUNTRY

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU



1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE



6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY