



COMMONWEALTH OF DOMINICA
Ministry of Finance

D2.

D2. FINGERPRINT AND PHOTOGRAPH VERIFICATION FORM

PART I: To be completed by applicant

Surname :	Gender : <input type="checkbox"/> M <input type="checkbox"/> F	Securely attach 45mm x 35mm photograph of applicant here
First or given name and middle name(s) :	Passport number :	
Date of birth :	Passport issuing country :	
Place and country of birth :	Specimen signature (for children who cannot sign,write N/A) :	
Address :		

PART II: To be completed by official recording the fingerprints

I certify that the above applicant's signature was signed in my presence and the photograph attached is the person identified by name above.

Signature of fingerprinting officer :		Date and Place :		
Officers' full name :		Official stamp :		
Designation :				
Address :				
Right Thumb	Right Index	Right Middle	Right Ring	Right Little
Left Thumb	Left Index	Left Middle	Left Ring	Left Little
Left four fingers simultaneously		Right four fingers simultaneously		