



**PHILIPPINE NATIONAL POLICE
CRIME LABORATORY**
Camp BGen Rafael T Crame, Quezon City

Title: **VOLUNTARY SUBMISSION
FOR THE CONDUCT OF NON-
CRIMINAL FINGERPRINTING**

Type: _____ Form

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Effectivity Date: _____

Date

Director, Crime Laboratory
Camp BGen Rafael T Crame, Quezon City

Attention: Chief, Fingerprint Identification Division

Sir/Ma'am:

I, _____, _____ years old, born on _____
(LAST NAME/GIVEN NAME/MIDDLE NAME) (AGE) (MONTH/DAY/YEAR)

(Male/Female), presently residing at _____

Is voluntary submitting myself for fingerprinting purpose of _____

That I am willing to pay for the fingerprinting service fee.

Very truly yours,

Signature over Printed Name

*For inquiries please call 723-0401 local 7247