

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
State Police Bureau of Identification
1111 Country Club Road
Middletown, CT 06457-9294

CRIMINAL HISTORY REQUEST FOR A PARDON
(PLEASE TYPE OR PRINT CLEARLY)

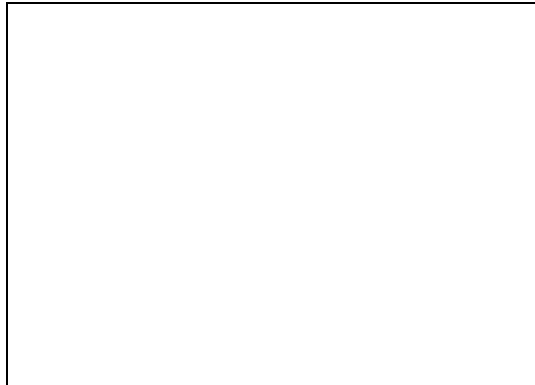
Name of Requester: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Please fill in this form completely.
2. Enclose a \$25.00 check or money order payable to "Commissioner of Public Safety".
3. A fingerprint impression of your "Right Thumb" must be imprinted on this form in the space provided. You may have this fingerprint done at your local police department or you may do it yourself using an ordinary inkpad. Roll the first joint of the "Right Thumb" on the pad from right to left and repeat this process rolling the thumbprint on this form. If for any reason you must use another finger please indicate which finger you used. We must have this fingerprint to assure positive identification.

PLACE PRINT OF "RIGHT THUMB" HERE



Last Name First MI (Maiden) Date of Birth