

ARKHAM POLICE DEPARTMENT

Date of arrest

Charge

Disposition of case

.....

Residence

Place of birth

Nationality.....

Criminal specialty.....

Age Date of birth.....

Height Comp. Hair.....

Weight Eyes..... Build.....

Scars and marks

.....

.....

ACCOMPLICES

NAME	NUMBER	NAME	NUMBER	NAME	NUMBER

CRIMINAL HISTORY

NAME	NUMBER	CITY OR INSTITUTION	DATE	CHARGE	DISPOSITION OR SENTENCE

ARKHAM POLICE RAP SHEET

Print on light tan cardstock, if possible, on both sides of the paper.

Trim at dashed line above.

Attach mug shots in space at top left of form with paperclip or staples. Fill in information using Acrobat form fields, typewriter, or by hand. Insert fingerprints on back.

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Questions? Ask them.
andrew@ahleman.com

Leave This Space Blank

Name _____

Alias _____

Sentence _____

No. _____ Color _____ Sex _____

Ref. _____

RIGHT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger

LEFT HAND

1. Thumb	2. Index Finger	3. Middle Finger	4. Ring Finger	5. Little Finger

Classified _____ Assembled _____
 Searched _____
 Index Card _____ Answered _____

Note Amputations

Prisoner's Signature

Four Fingers Taken Simultaneously

Four Fingers Taken Simultaneously

Left Hand

L. Thumb

R. Thumb

Right Hand