

**TBI USE ONLY**

Received \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information:  
 Phone: 615-744-4498  
 615-744-4256  
 615-744-4309  
 Fax: 615-744-4690

**Tennessee Bureau of Investigation**  
**901 R. S. Gass Boulevard**  
**Nashville, Tennessee 37216**

**Database DNA Sample Submittal Form**

**ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTATED**

**Print Legibly:**

<b>Name- Last:</b>		<b>First:</b>	<b>Middle:</b>
<b>Race:</b>	<b>Sex:</b>	<b>DOB:</b>	<b>SSN:</b>
<b>TOMIS or SO #:</b>		<b>SID #:</b>	
<b>Alias(s):</b>			

<b>Requesting Agency and Supervising Officer (if different from collecting officer):</b>			
<b>Full Address:</b>		<b>Phone #:</b> ( )	<b>Fax #:</b> ( )
<b>Felony Conviction Offense :</b>	<b>Date of Conviction (mm/dd/yy):</b>	<b>County of Conviction:</b>	
<b>Date Collected:</b>	<b>Collected By (Name):</b>	<b>Title:</b>	
<b>Street Address (if different from above):</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Phone #:</b>			

<p align="center"><b>For BOPP/Comm Corr Only</b></p> <p><input type="checkbox"/> Paid/To Be Paid      <input type="checkbox"/> Indigent</p> <p>Date _____</p> <p>Initials _____</p>	<p align="center"><b>Offender Left Thumb Print</b></p>	<p align="center"><b>Offender Right Thumb Print</b></p>
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