

**TBI USE ONLY**

Received

By: _____

Date: _____

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

Arrestee DNA Sample Submittal**Contact Information:**

Email: TBI.CODIS@TN.GOV

Phone: (615) 744-4498

(615) 744-4261

(615) 744-4309

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ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTATED

ARRESTEE INFORMATION

Name Last:		First:	Middle:
Race:	Sex:	DOB:	SSN:
SID#:	TOMIS# (if available):	Alias(s):	

ARRESTING AGENCY INFORMATION

Arresting Officer Name (Full Name):	Department Making Arrest (Do Not Use Initials):	Department ORI:
Arresting Department Full Address:		Phone:

BOOKING AGENCY INFORMATION*Is Booking Agency the same as Arrest Agency?* ☐

Booking Facility (Full Name and ORI):	Booking Facility (Full Address):	Phone:
Collected By (Full Name):	Title:	Date of Collection:

ADDITIONAL ARRESTEE INFORMATION

Booking#:	☐ Sex Offender	Date of Arrest (MM/DD/YYYY):
Qualifying Offense(s) at time of arrest <u>AND</u> TCA code(s): 1. 2. 3. 4. 5. 6.		Right Thumb Print
		Left Thumb Print