

## WISCONSIN CRIME INFORMATION BUREAU IDENTIFICATION SUPPLY REQUEST/ORDER FORM

AMOUNT REQUIRED	FORM	NUMBER
	FINGERPRINT CARD w/o ORI	DJ-LE-241
	FINGERPRINT CARD w/ORI	DJ-LE-241
	FINAL DISPOSITION REPORT	DJ-LE-249
	DEATH NOTICE	DJ-LE-244

AMOUNT REQUIRED	FORM	NUMBER
	CIB PRE-ADDRESSED ENVELOPE	
	FBI APPLICANT FINGERPRINT CARD	FD-258
	FBI PERSONAL ID CARD	FD-353

**COMMENTS**

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**ADDRESS ALL REQUESTS TO:**

Image & Archive Unit  
 Crime Information Bureau  
 P.O. Box 2718  
 Madison, WI 53701-2718  
 Telephone: 608/266-9585  
 Facsimile: 608/267-1338  
 Email: brownca@doj.state.wi.us

**Requesting Agency:**

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

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**For CIB Use Only**

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AGENCY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

FILLED BY: \_\_\_\_\_