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

Contact Information:
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Database DNA Sample Submittal Form

Print Legibly:

Name-Last:	**First:**		**Middle:**
Race:	**Sex:**	**DOB:**	**SSN:**
TOMIS # (if available):		**SID:**	
SO #:		**FBI:**	
Alias(es):			

Requesting Agency:			
Address:		**Phone #:** ( )	**Fax #:** ( )
Type of Offense:	**Date of Conviction:**	**County of Conviction:**	
Date Collected:	**Collected By (Name):**	**Title:**	
Street Address (if different from above):	**City**	**State**	**Zip**
Phone #:			

TBI Crime Lab Use Only	**Left Thumb Print**	**Right Thumb Print**
Received From: _____ Received By: _____ Date Received:____/____/____		