

MINERAL COUNTY SHERIFF'S OFFICE

ARREST NUMBER _____
DATE _____

EX-FELON REGISTRATION

NRS 179C.110 NOC CODE/09083

NAME _____
Last First Full Middle

ALIASES _____

AGE _____ RACE _____ SEX _____
EYES _____ HAIR _____ WEIGHT _____
HEIGHT _____ COMPLEXION _____ SSN _____
D.O.B. _____ PLACE OF BIRTH _____

SCARS, MARKS, TATTOOS _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS(ES) _____

HOW LONG DO YOU EXPECT TO RESIDE AT YOUR CURRENT ADDRESS _____

HOW LONG DO YOU EXPECT TO REMAIN IN MINERAL COUNTY _____

HOW LONG DO YOU EXPECT TO REMAIN IN NEVADA _____

MARITAL STATUS _____ SPOUSE NAME & ADDRESS _____

VEHICLE DESCRIPTION: Year _____ Make/Model _____ License# _____ State _____

LIST ALL ARRESTS AND CONVICTIONS.

DATE	CHARGE	LOCATION	NAME USED	DISPOSITION

NAME & LOCATION OF EACH HOSPITAL OR PENAL INSTITUTION SENTENCED TO:

PLACE OF EMPLOYMENT _____

PHONE NUMBER _____ SUPERVISOR _____

SIGNATURE _____

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FOR OFFICIAL USE ONLY – DESCRIBE METHOD OF OPERATION
