Appendix 2 to DCD 270-1

SAMPLE FORM MEMO OF FINGERPRINT TRANSMITTAL TO CJIS

 TO:
 _______, Director, Criminal Justice Information System

 FROM:
 _______, Warden

 _________ Institution
 DATE:

The attached original fingerprints are for inmate <u>(inmate's name and ID number)</u>, who died on ______. A copy of these fingerprints has been maintained in the inmate's base file.

Cc: Serious Incident Report Inmate Base File