



TOMS RIVER POLICE DEPARTMENT INFORMATION FORM

ONLY TOMS RIVER POLICE TO COMPLETE SHADED AREA

SBI# _____ FBI# _____ SPILLMAN NAME# _____
 PHOTO: yes _____ no _____
 DATE OF ARREST ____/____/____ LOCATION _____
 ARRESTING OFFICER _____ BADGE # _____

PRINT LEGIBLY AND COMPLETE EVERY QUESTION

NAME _____
LAST NAME FIRST NAME MIDDLE NAME

ALIASES: MAIDEN NAME _____
 NICKNAME(S) _____
 ANY OTHER FIRST AND/OR LAST NAMES USED: _____

ADDRESS _____
Number & Street Town State Zip Code

HOME PHONE # () _____ - _____ **CELL PHONE #** () _____ - _____

DATE OF BIRTH ____/____/____ **PLACE OF BIRTH** _____
City/Town State Country

SOCIAL SECURITY # _____ - _____ - _____ **SEX:** M / F **RACE** _____

HEIGHT _____ **WEIGHT** _____ **HAIR** _____ **EYES** _____ **COMPLEXION** _____

DRIVERS LICENSE # _____ **STATE** _____

MARITAL STATUS _____ **SPOUSE'S NAME** _____

SCARS, MARKS, TATTOOS (DESCRIPTION & LOCATION OF EACH – USE BACK OF PAGE IF NECESSARY)

EMPLOYER NAME _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE # () _____ - _____ **OCCUPATION** _____

NAME NEAREST RELATIVE _____

ADDRESS _____
Number & Street Town State Zip Code

PHONE # () _____ - _____ **RELATIONSHIP** _____