

COLORADO BUREAU OF INVESTIGATION  
DATABASE SUBMISSION FORM

Please submit this form and the  
database sample to:

***This e-form must be completed on the computer before printing.  
Do Not download blank copies***

Colorado Bureau of Investigation  
Forensic Laboratory – Database  
6000 W. 54<sup>th</sup> Avenue  
Arvada, CO 80002  
303-463-7128

Email questions to: [DNA@state.co.us](mailto:DNA@state.co.us)

OFFENDER INFORMATION (\*Required Fields)

Last Name*:	<input type="text"/>		
First Name*:	<input type="text"/>	Middle Name: <small>(and title: Jr., III, etc.)</small>	<input type="text"/>
Date of Birth*:	<input type="text"/>	Race:	<input type="text"/>
		Gender:	<input type="text"/>
Court Docket#*:	<input type="text"/>	<b>OR</b> DOC Number: <small>Parole Only</small>	<input type="text"/>
Agency Category*:	<input type="text"/>	SID Number: <small>If available Colorado only</small>	<input type="text"/>
Offense – NCIC Code*:	<input type="text"/>		

CBI Barcode Label

SAMPLE COLLECTION

Agency Contact*:	<input type="text"/>	Collected by:	<input type="text"/>
Email Address:	<input type="text"/>		
Phone#*:	<input type="text"/>	X	<input type="text"/>
		Date:	<input type="text"/>

TOUCHPRINT COLLECTION

**Lightly press the pad of the finger straight down / straight up (Do Not Roll)**

**If needed, repeat to obtain a quality print**

**Optional to use the white stickers / fingerprint re-tabs**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left Index	Left Thumb	Right Thumb	Right Index



*Example of a  
Quality Print*