



*County of Los Angeles*  
**Sheriff's Department**

ADDITIONAL HISTORY FORM

(THIS FORM MUST BE COMPLETED IN CURSIVE WRITING. *DO NOT PRINT*)

1. NAME \_\_\_\_\_  
FIRST MIDDLE LAST

2. ADDRESS \_\_\_\_\_  
NUMBER/STREET CITY STATE/ZIP

3. OCCUPATION \_\_\_\_\_ APPLICANT FOR \_\_\_\_\_

4. PRESENT EMPLOYMENT \_\_\_\_\_  
ADDRESS CITY STATE/ZIP

5. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

6. BIRTHPLACE \_\_\_\_\_ AGE \_\_\_\_\_

7. NEAREST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(OTHER THAN HUSBAND OR WIFE. USE MOTHER, FATHER ETC.)

8. ADDRESS \_\_\_\_\_  
ADDRESS CITY STATE/ZIP

9. IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

10. ADDRESS \_\_\_\_\_  
ADDRESS CITY STATE/ZIP

11. WRITE THE LETTERS OF THE ALPHABET (CAPITALS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. WRITE THE LETTERS OF THE ALPHABET (SMALL LETTERS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. SPELL OUT NUMBERS ONE THROUGH FIFTEEN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. WRITE FIGURES 1 THROUGH 15 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_