



DIRECCION GENERAL DE PASAPORTES

FORMULARIO DE TOMA DE HUELLAS

Nombre del Contribuyente:	
No. del Expediente:	
Teléfono del Contribuyente:	
Consulado Responsable:	
Capturador de Huellas:	
Fecha:	

MANO DERECHA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULGAR	INDICE	MAYOR	ANULAR	MEÑIQUE

MANO IZQUIERDA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULGAR	INDICE	MAYOR	ANULAR	MEÑIQUE

Observaciones:

Firma y Sello del Encargado

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this _____
day of _____, 20____, by _____

_____ ,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(Seal)

Signature _____