CRIMINAL HISTORY

Reg No Previous Conviction (s)

Parole Eligibility date

Transfer Log

Date	Location	Transfer to

Remission Granted **Date** **New EPDR**

Loss of Remission **Date** **New EPDR**

General Observation of Medical Examination

.....

.....

.....

Signature of Medical Examiner.....

RIGHT THUMB RIGHT INDEX RIGHT MIDDLE RIGHT RING RIGHT LITTLE

LEFT THUMB LEFT INDEX LEFT MIDDLE LEFT RING LEFT LITTLE

X

Signature of Rank Taking Print

Note Amputation

Date taken

Special Service Performed

Date **Services**

School Attended Last Form Qualification (s)

Primary

Secondary

Tertiary

Technical

Educational Classification

Illiterate ☐ Semi-Illiterate ☐ Literate ☐ Professional ☐

CONVICTED RECORD

CLASS

REG. NO. **EPDR:**

Name

AGE **FDR**

Checked by: **Certified by:**

OFFENCE CON DATE ARP DATE COURT MAGISTRATE/JUDGE

a

b

c

d

e

SENTENCE

a

b

c

d

e

Witness

ADMISSION DATE

CURRICULUM VITAE

	Surname Middle Name
Religion	
DOB / Age	**Married Single**
Children No	**Male Female**
Age(s)	
Address at time of arrest	
Father's Name	
Address	
Mother's Name	
Address	

Next of Kin

Address

Trade on Reception

IDENTIFICATION MARKS PECULIARITIES
PRIVATE PROPERTY CERTIFICATE

Photograph

DESCRIPTION

Colour **Race**

Height **Eyes**

Built **Shape of Face**

Description **Facial Marks**

Cash

Prisoner's Signature .....

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE

LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE

CURRICULUM VITAE

Surname **Middle** **Name**

Religion

DOB / Age

Married **Single**

Male **Female**

Children **No**
Age(s)

Medical

Address at time of arrest

Father's Name

Address

Mother's Name

Address

Unconvicted Record

REG NO----------

S/Name	F/Name			Name Address Next of Kin	Age	Trade on Reception

Offence	Court	Remand Date

Identification Marks

Private Property Certificate

I the undersigned certify that I desire to retain at my own risk the following Medical Appliance (s)

Officer Sign **Adm. Date** **Prisoner Sign**

Description	
Built	
Height	
Race	
Colour of Eyes	
Facial Marks	
Shape of face	
Distinguishing Marks	

Cash on Reception

Address at Time of Arrest

Medical Observation/Comments on Admission

.....

.....

.....

Medical Officer Signature .....