

N.S.W. POLICE

F.P.C. 31 D Iorn 22
24 W OII 13

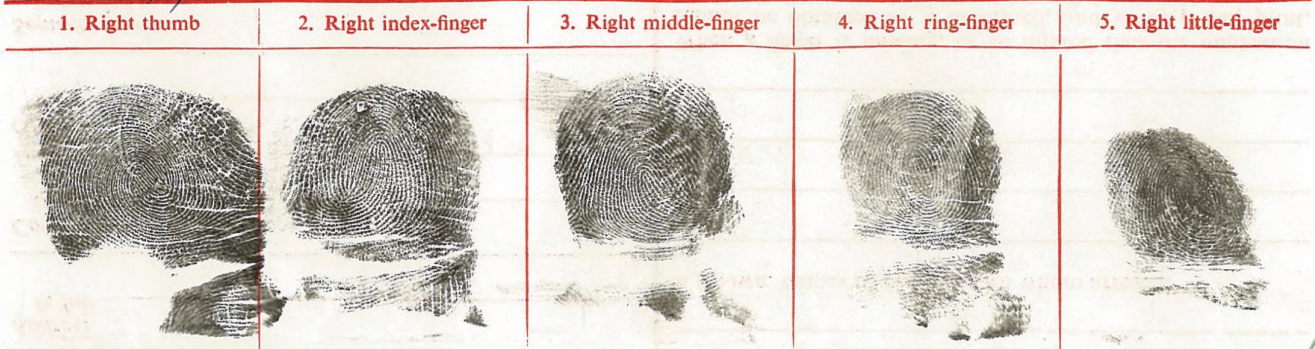
P. 59a FEMALE

Surname ALLEN
 (Block Letters)
 Christian names William
 in full (Block Letters)
 Date of birth 14-8-1940
 Station where prints taken City Morgue Ctebe
 Date prints taken 30-12-88 Initials of Station Sergeant
 Signature of member of the force taking prints [Signature]
 (Block Letters below signature)
 Rank DET/S/CONST Regd No. [Redacted]

RIGHT FINGERS

DECEASED

Identified to me by morgue attendant
S. Finnerty on 30/12/88
 Morgue No. E [Redacted]
 Daily Cards No. _____
 Book No. _____
 Memo's to _____
 Police Inf. CONST/c Baxter Redfern
 C.C.I. and Alias cards noted _____



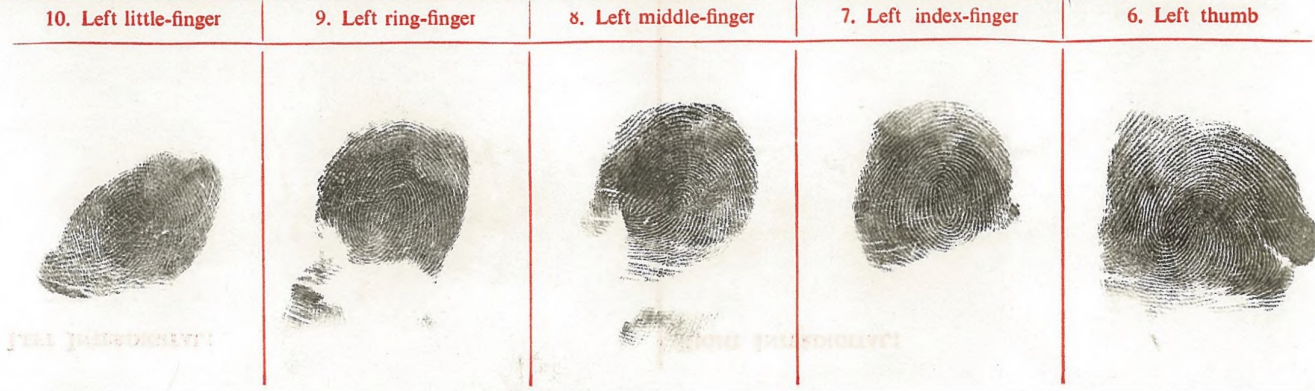
This form must be completed in every detail before the Officer concerned begins to take the fingerprints of any other person.

LEFT FINGERS

Deceased male found by Carpenter at no [Redacted] Newtown St, Alexandria at 12.30pm on the 29/12/88 who saw the deceased slouched across the bath and was wearing no pants. Police attended and were informed that the deceased was last seen alive approx. 7pm 28/12/88. Dr S. Hollinger attended and pronounced life extinct. Suspicious circumstances

Index Checked by _____
 Classified and Searched by [Signature]
 Checked by [Signature]

DECEASED



LEFT INTERDIGITAL:

RIGHT INTERDIGITAL:

ALL PARTICULARS TO BE TYPED OR PRINTED

Name in full (with alias) _____
 (Block Letters)

Date of Birth _____ Age _____
 (Day, Month, and Year)

Birthplace, Town _____
 and Country _____

Arrival in { Date _____
 Australia { Ship _____

Height _____ mm Build _____

Complexion _____ Hair _____ Eyes _____

Occupation _____

Address _____
 in full _____

Court Sentenced _____
 or remanded at _____

Date _____

Offence _____
 in full _____

Sentence or date _____
 remanded to _____

Arrested by _____

Descriptive marks, including scars, tattoo marks, physical deformities and other peculiarities, etc.

If known, names of persons with whom arrested:

When a finger is missing, or so injured that the impression cannot be obtained or is deformed, and yields a bad print, the particulars and the date of loss of finger or injury must be stated.

THE FOLLOWING PARTICULARS MUST BE WRITTEN BY THE PERSON WHOSE FINGERPRINTS ARE TAKEN

Date of birth _____ Age _____
 (Day, Month, and Year)

Signature _____

Address _____
 in full _____

THUMB PRINTS TO BE TAKEN (Rolled)
 Right Thumb Print Left Thumb Print
 (To be impressed immediately after signature, etc. is written)