



ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740

845-291-4033 FAX: 845-294-1590



SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

KENNETH DECKER
CORRECTIONS ADMINISTRATOR

PISTOL PERMIT PEDIGREE SHEET

Complete Form in **BLACK** Ink Only

Name: _____
Last First Middle Suffix (Sr. Jr. III.)

Maiden Name or any other name you have been known by _____ Date of Birth: _____ Place of Birth: _____

Soc. Security #: _____ Sex: Male Female Race: _____ Ethnicity: Hispanic Non-Hispanic

Height: _____ Weight: _____ Eyes: _____ Hair: _____
Marital Status: Single Married Divorced Widowed Separated

Physical Address: _____
(No P.O. Boxes) (Street Number and Name) (Building and/or Apt. #)

(City, Town, Village) State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ *Note: If you were **NOT** born in the U.S. please bring proof of citizenship.

Primary Police Dept. for your residence: _____

Employment

Name of Employer/Business: _____ Occupation: _____

Address of Employer/Business: _____
(Street number and name) (Building and/or Apt. #)

(City, Town, Village) State Zip Code

Primary Police Dept. for your employers address: _____

Check or Money Order #: _____ Driver's License #: _____ State: _____

Sheriff's Office Use

Date of Fingerprinting: _____ Livescan #: _____

- ACCREDITATIONS -

