



JAMES W. MURPHY

SHERIFF

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APPLICATION FOR PROCESS SERVER

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

LIST ALL OTHER NAMES YOU HAVE USED (MAIDEN NAME, NICKNAMES

OR ALIASES: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: HOME _____ WORK _____ OTHER _____

DATE OF BIRTH _____ SS# _____

AGE _____ SEX _____ HEIGHT _____' _____" WEIGHT _____ HAIR _____ EYES _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES _____ NO _____

DRIVER'S LICENSES # _____ STATE _____

BUSINESS: NAME: _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP: _____

EDUCATION:

HIGH SCHOOL DIPLOMA: YES _____ NO _____

HIGH SCHOOL EQUIVALENT: YES _____ NO _____

NAME OF HIGH SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____