CASE # _____

Merced Police Department – Property/Evidence

GUN CLAIM FORM

Name:_____Date of Birth: _____
Last First Middle

Other Names used: _____Phone # (___)_____/_____

Home address: _____
Number Street Apt # City State Zip

Drivers License # _____Social Security # _____

☐ Male ☐ Female Race _____ Height _____ Weight _____ Hair color _____ Eye color _____

Are you a US Citizen? ☐ Yes ☐ No

If you answered NO, do you have proof of legal residency? ☐ Yes ☐ No

Military Service? ☐ Yes Branch _____ Type of Discharge?: _____
☐ No

Background information:

1. Have you ever been convicted of a crime? ☐ Yes ☐ No
2. Have you ever been detained for examination of your mental health? ☐ Yes ☐ No
   If you answered YES to either of the above, please complete the following:

DATE	CHARGES	ARRESTING AGENCY	DISPOSITION

3. Do you currently have a restraining order against you? ☐ Yes ☐ No
4. What proof of ownership do you have for the gun(s) _____

I swear under penalty of perjury that the information I have provided on this form is true and correct to the best of my knowledge.

_____ Date: _____
Your signature

If your form is illegible or information is incomplete, your request will not be processed.

2/07 PRGR 5215