

611 W. 22nd Street
385-6912

MERCED POLICE DEPARTMENT

Gun Claim Form



Name _____ Case # _____
Last First Middle
Address _____ Driver Lic # _____
City/State/Zip _____ Social Security # _____
DOB _____ Other names used _____
Day Phone # _____ Night Phone # _____ Cell Phone # _____
Driver at time of stop _____ DL # _____

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

Are you a US Citizen? Yes No If "no", do you have proof of legal residency? Yes No

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

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, 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 that I have provided on this form is true and correct to the best of my knowledge.

Your signature _____ Date _____

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