



ILLINOIS STATE POLICE
Firearms Services Bureau

Firearms Services Bureau
Keeper of the Records
801 S. 7th Street, Suite 400-M
Springfield, IL 62703
217-782-7980
Fax: 217-782-9139

Firearm Owners Identification Abstract Request

SECTION I

Enter the FOID Number and/or the Name, Date of Birth and Gender of the person(s) whose record(s) is being requested in the spaces below. PLEASE PRINT LEGIBLY.

FOID NUMBER	NAME (Last, First, Middle)	DATE OF BIRTH	GENDER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION II – REQUESTOR’S IDENTITY/RETURN ADDRESS

States Attorney Private Attorney Law Enforcement Official
(Must be accompanied by subpoena with Case Number)

Name First M.I. Last

Mailing Address

City State Zip Code

Preferred response method: U.S. Mail (above address) Fax Response Email Response

Fax Number: _____ Email Address: _____

SECTION III – TYPE OF ABSTRACT

FOID Status as of Date: _____ FOID History (Application history, Denials/Revocations)
 Other* _____

Is this request for a:

Criminal Case County: _____ Case Number: _____
 Civil Case County: _____ Case Number: _____

Date request needed for court: _____

* Please note responses requiring all FOID records are available but may require additional time for processing and will require a subpoena for the requested material.

SECTION IV – AFFIRMATION OF REQUESTOR

I affirm that the information provided in Sections I, II, III and IV are true and correct to the best of my knowledge. The requested information is being provided by the Illinois State Police per 430 ILCS 65/15b and will only be used for the purposes of a criminal and/or civil court action or legitimate law enforcement investigative purpose.

Signature: _____ Date: _____