

# Photograph

DATE PHOTOGRAPH TAKEN \_\_\_\_\_



# Personal Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI

DATE OF BIRTH \_\_\_\_\_ MALE  FEMALE

SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

RELATIVES OR FRIEND \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

RELATIVES OR FRIEND \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

RELATIVES OR FRIEND \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NICKNAMES \_\_\_\_\_

CAREGIVER \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

# Medical Information

BLOOD TYPE \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

CHRONIC ILLNESSES \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_



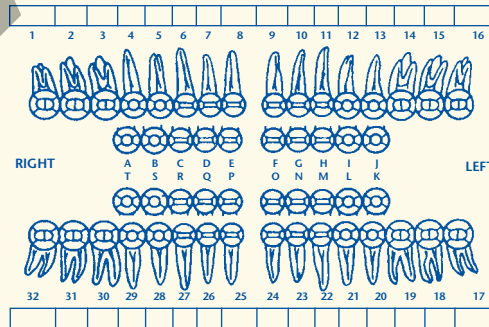
# DNA SAMPLE

Attach several strands of hair with roots and bulbs intact.



# DENTAL RECORD

Dental information to be completed by a dentist.



DENTIST'S NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_



# FINGERPRINTS

Separate the two sides of the ink strip and place one half near the edge of a table. Roll each finger and thumb individually across the ink strip. Carefully roll each inked finger or thumb in its designated space on the card. Prints should include the first knuckle and be free of smudges.

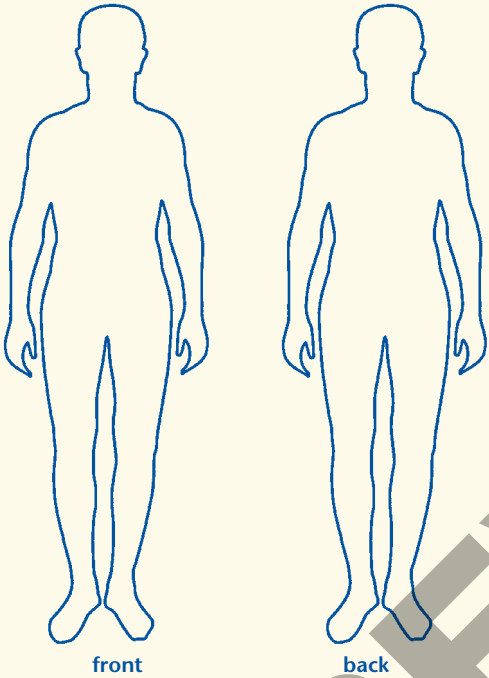
	RIGHT LITTLE		LEFT LITTLE
	RIGHT RING		LEFT RING
	RIGHT MIDDLE		LEFT MIDDLE
	RIGHT INDEX		LEFT INDEX
	RIGHT THUMB		LEFT THUMB

# Physical Information

RACE _____		WEIGHT _____	
HAIR COLOR _____		EYE COLOR _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLASSES	YES	NO	DISABLED
	YES	NO	YES
			NO

# BODY CHART

Mark on the front and back of the figures and in the spaces below any identifying marks (birthmarks, scars, moles, broken bones, prosthetics, etc.).




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# Instructions

1. Print individual's name and the date completed on the front cover.
2. Attach a recent photograph of individual in the space provided.
3. Enter in all information in the spaces provided.
4. Attach strands of hair as a DNA sample.
5. Have the dental chart completed by a dentist.
6. Using the enclosed ink strip, fingerprint individual.
7. Keep this Identity Card stored in a safe, accessible place.



PREVIEW



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Person's Full Name

Date completed \_\_\_\_\_