


IF YOUR CHILD IS MISSING, TAKE THIS COMPLETED FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT	Child's Date Of Birth						
	Date						
	Signature of Parent/Guardian						
Last Name	First Name	Middle Name	Sex	Race	Hgt.	Wgt.	Blood Type
Nickname			Family Password		Hair Color		Eye Color

1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little	
1. Left Thumb	2. Left Index	3. Left Middle	4. Left Ring	5. Left Little	
Left Four Fingers Taken Simultaneously		Left Thumb	Right Thumb	Right Four Fingers Taken Simultaneously	

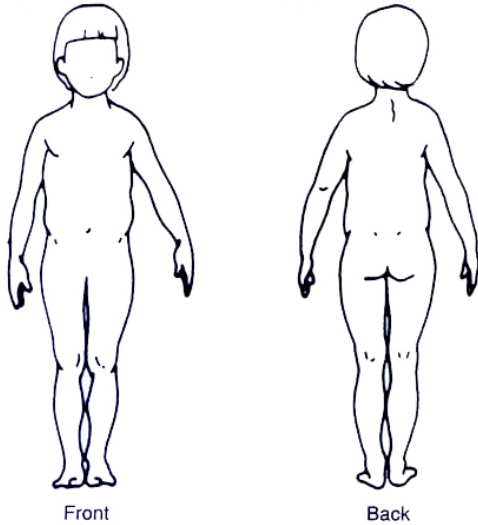
Friend	Friend's Parents	Phone Number	Address
1.			
2.			
3.			
4.			
5.			

If you have access to a fingerprint strip use the following instructions:

1. Pull fingerprint strip apart at corner
2. Lay on flat surface
3. Place finger on strip, roll gently
4. Place inked finger on card, roll gently

PHYSICAL DESCRIPTION AND MEDICAL INFO

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones, and prosthetics.



PLACE A RECENT PHOTO HERE
(And Update Yearly)

My Child's Medical Records are on File With:

Dr. _____

Address _____

City _____ State _____ ZIP _____

Telephone Number _____

My Child's Dental Records are on File With:

Dr. _____

Address _____

City _____ State _____ ZIP _____

Telephone Number _____

Front of Body		Back of Body	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Personal Characteristics

1. _____

2. _____

3. _____

4. _____

5. _____

Date of Photo: _____ Date of Info: _____

Height: _____ Weight: _____