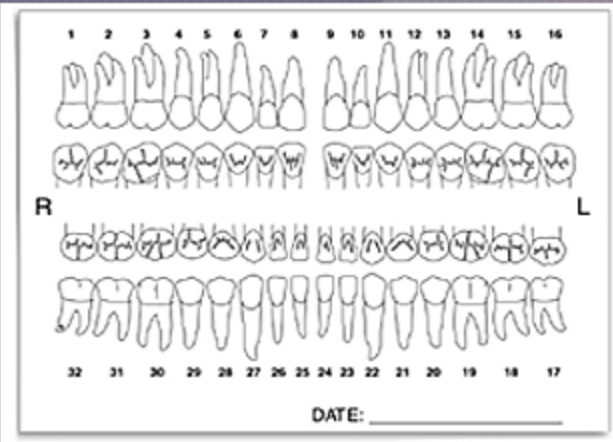


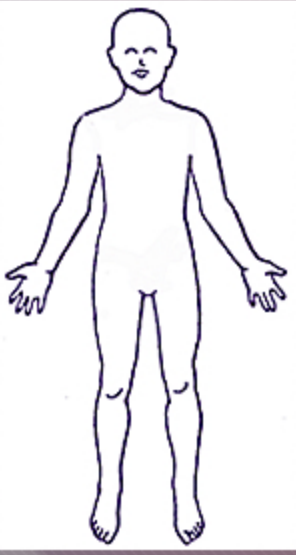
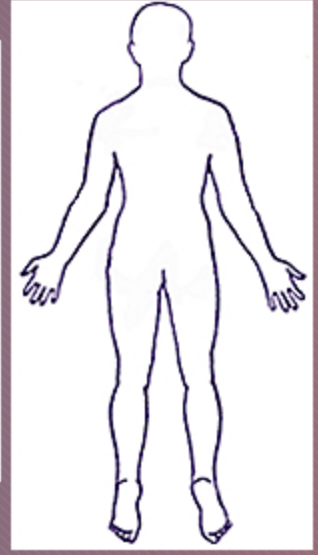
INSTRUCTIONS

1. Clearly print your child's full name and the date completed on the front cover. Due to changes in physical characteristics throughout your child's growth, we recommend updating kits annually.
2. Attach a recent photograph of your child preferably a front shot of their head and shoulders.
3. Attach strands of your child's hair as a DNA sample.
4. Enter all applicable identification information into the spaces provided.
5. Have your child fingerprinted at your local Police Department. This is free of cost to anyone.
6. Dental chart should be completed by your child's dentist at your next visit.
7. Store in a safe, accessible place for your records only.
8. Talk with your child about safety often. Make sure they know their complete name, parent's complete name, address and phone number including area code.



 DENTIST'S NAME TELEPHONE #

PHYSICAL INFORMATION

HAIR COLOR _____	EYE COLOR _____	RACE _____
HEIGHT _____	WEIGHT LBS. _____	BRACES Yes <input type="checkbox"/> No <input type="checkbox"/>
		GLASSES <input type="checkbox"/> <input type="checkbox"/>

INDICATE ANY IDENTIFYING MARKS ON THE PICTURES AND SPACES ABOVE. (BIRTHMARKS, SCARS, MOLES, BROKEN BONES, PROSTHETICS, ETC.)

After You Report A missing Child To Law Enforcement, Call NCMEC At: 1 (800) THE-LOST 1(800) 843-5678

CHILD IDENTIFICATION



ROCHESTER POLICE DEPARTMENT

CHILD'S FULL NAME

THIS KIT WAS COMPLETED ON

____/____/____

KEEP IN A SAFE, ACCESSIBLE PLACE FOR YOUR RECORDS ONLY

DATE OF PHOTOGRAPH

____/____/____

ATTACH A RECENT
PHOTOGRAPH HERE



PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY # _____ D.O.B. ____/____/____ AGE [] MALE
[] FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CHILD'S NICKNAMES _____

CHILD'S FRIENDS _____

MOTHER'S NAME _____ (H) TELEPHONE # _____

FATHER'S NAME _____ (H) TELEPHONE # _____

NEAREST RELATIVE _____ TELEPHONE # _____

SCHOOL NAME/GRADE _____ TELEPHONE # _____

DEOXYRIBONUCLEIC ACID

ATTACH

DNA

HAIR SAMPLE

HERE

ATTACH SEVERAL STRANDS OF HAIR WITH
ROOTS AND FOLLICLES INTACT

MEDICAL INFORMATION

BLOOD TYPE _____ PLACE OF BIRTH _____

MEDICATIONS _____ CHRONIC ILLNESSES _____

ALLERGIES _____

DOCTORS NAME _____ TELEPHONE _____

RIGHT LITTLE	LEFT LITTLE	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	
RIGHT RING	LEFT RING		
RIGHT MIDDLE	LEFT MIDDLE		RIGHT THUMB
RIGHT INDEX	LEFT INDEX		LEFT THUMB
RIGHT THUMB	LEFT THUMB	LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	