

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. Fingerprint your child using the attached ink strip. (See fingerprinting instructions underneath ink strip.)
6. Allow ink to dry, taking caution not to smear.
7. Dental chart should be completed by your child's dentist at your next visit.
8. Store in a safe, accessible place for your records only.
9. Talk with your child about safety often. Make sure they know their complete name, address and phone number including area code.

DENTAL INFORMATION - TO BE COMPLETED BY YOUR CHILD'S DENTIST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT				A B C D E				F G H I J				LEFT			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DENTIST'S NAME _____

TELEPHONE _____

PHYSICAL INFORMATION

HAIR COLOR _____	EYE COLOR _____	RACE _____	YES NO
_____	_____	BRACES	<input type="checkbox"/> <input type="checkbox"/>
HEIGHT _____	WEIGHT _____ LBS.	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

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US TRADEMARK 2,222,681
(888) 372-1999 (618) 435-1609
www.fingerprintamerica.com



CHILD IDENTIFICATION



PIKE COUNTY SHERIFF'S OFFICE
Sheriff Russell Thomas
(334) 566-4347

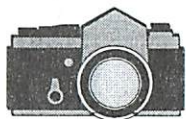
CHILD'S FULL NAME

THIS KIT WAS COMPLETED ON ____ / ____ / ____

**KEEP IN A SAFE, ACCESSIBLE PLACE
FOR YOUR RECORDS ONLY**

DATE OF PHOTOGRAPH ____ / ____ / ____

ATTACH A RECENT
PHOTOGRAPH HERE



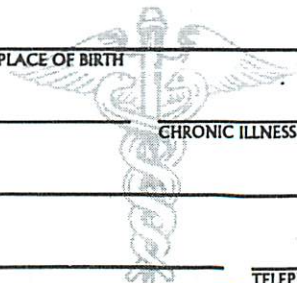
MEDICAL INFORMATION

BLOOD TYPE _____ PLACE OF BIRTH _____

MEDICATIONS _____ CHRONIC ILLNESSES _____

ALLERGIES _____

DOCTOR'S NAME _____ TELEPHONE _____



PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY # _____ DATE OF BIRTH ____ / ____ / ____ AGE _____ [] MALE
[] FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ CHILD'S NICKNAMES _____

CHILD'S FRIENDS _____

MOTHER'S NAME _____ TELEPHONE _____

FATHER'S NAME _____ TELEPHONE _____

NEAREST RELATIVE _____ TELEPHONE _____

DEOXYRIBONUCLEIC ACID

ATTACH
DNA
HAIR SAMPLE
HERE



ATTACH SEVERAL STRANDS OF HAIR WITH ROOTS AND FOLLICLES INTACT

PRINT-TAKE INK STRIP

INSTRUCTIONS

Although ink strips are nontoxic, keep out of reach of children. Remove attached ink strip. Pull apart ink strip, separating into two parts. Place strips on a flat surface, ink side up. Roll your child's finger on the strip, starting from one side and rolling to the other (if possible). Apply to chart below in the same manner. Use soap and water to remove ink from fingers. Dispose of ink strips properly.

RIGHT LITTLE

LEFT LITTLE

RIGHT RING

LEFT RING

RIGHT MIDDLE

LEFT MIDDLE

RIGHT INDEX

LEFT INDEX

RIGHT THUMB

LEFT THUMB