

**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 his/her 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. (See fingerprinting instructions)
6. Allow ink to dry, taking caution not to smear.
7. Your child's dentist should complete the dental chart 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 the area code.

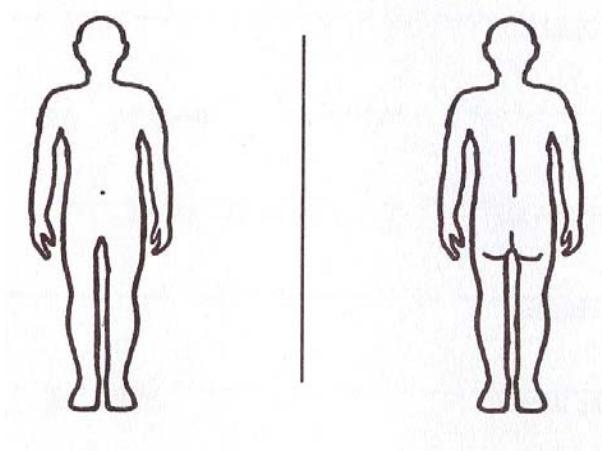
Dental Information – to be completed by your child's dentist.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT								LEFT							
A B C D E F								G H I J							
T S R Q P								O N M L K							
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
_____	_____	_____		
HEIGHT	WEIGHT	BRACES	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ LBS.	GLASSES	<input type="checkbox"/>	<input type="checkbox"/>
		CONTACTS	<input type="checkbox"/>	<input type="checkbox"/>



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate any identifying marks on the pictures and spaces above such as birthmarks, scars, moles, broken bones, prosthetics, etc.

**CHILD IDENTIFICATION KIT**



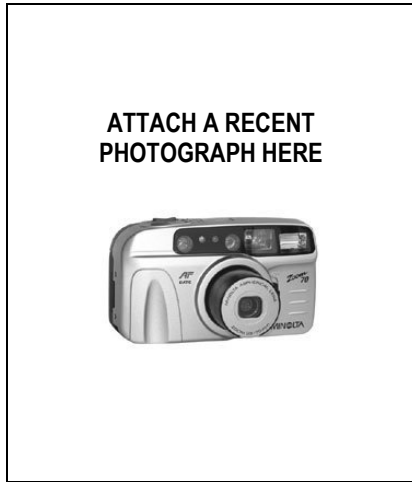
Washington County Sheriff's Office  
*Sheriff Ed Graybeal*  
 (423) 461-1414

CHILD'S FULL NAME \_\_\_\_\_  
 THIS KIT WAS COMPLETED ON \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**PHOTOGRAPH**

Date Of Photograph \_\_\_/\_\_\_/\_\_\_



**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 # \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ 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 ( ) \_\_\_\_\_

**ATTACH DNA HAIR SAMPLE HERE**

CUT AT LEAST 20 HAIRS FROM THE CHILD'S HEAD, USING HAIR STRANDS THAT ARE CLOSE TO THE SCALP. (HAIR ROOT AND FOLLICLE NOT NECESSARY)

Strip goes here	Right Little	Left Little
	Right Ring	Left Ring
<b><u>INSTRUCTIONS</u></b>	Right Middle	Left Middle
	Right Index	Left Index
	Right Thumb	Left Thumb