

## FAMILY/DOCTOR INFORMATION

Doctor Address/Phone Number

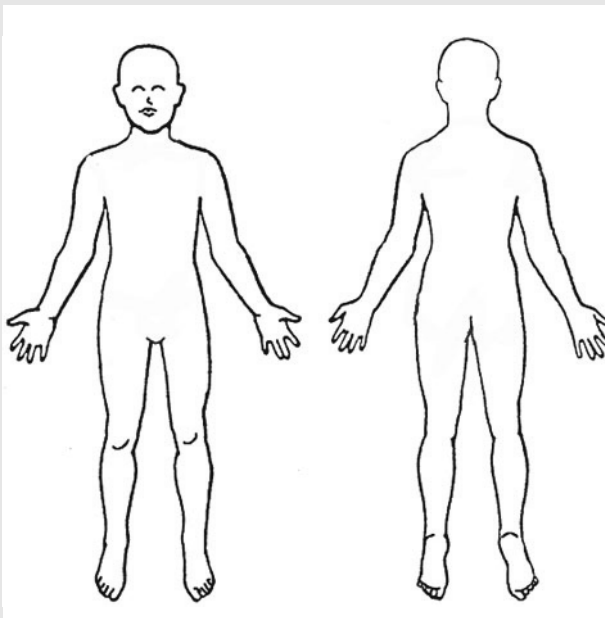
Dentist Address/Phone Number

Family Members

Relative/Friend to Contact Home/Work/Mobile Numbers & Address

Family Photo  
or Other Photo

## PHYSICAL DESCRIPTION



Please indicate above any birthmarks, scars, moles, or other identifying marks.

Describe other identifying features (eye glasses, braces on teeth, etc.):

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## CHILD IDENTIFICATION KIT

Head Photo Here  
(Update Annually)

This kit belongs to:

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Date completed:

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Parents: Please keep a completed child identification kit for each child. Update this child identification kit or complete a new one once a year. You can download this free kit from [AmberAlertgps.com](http://AmberAlertgps.com).

Please print out on card stock. Store with other important documents.

## IMPORTANT INFORMATION ABOUT YOUR CHILD

Child's Full Name

Nicknames

Street Address

City, State, Zip

/ /

☐ Male or ☐ Female

Birth Date

Age

Gender

Height

Weight

Eye Color

Hair Color

Race

Right/Left Handed

Blood Type

Medications

Allergies, illnesses or other important medical information

Mother or Guardian

Work/Home/Mobile Numbers

Father or Guardian

Work/Home/Mobile Numbers

Social Security Number

## INSTRUCTIONS FOR COLLECTING DNA & FINGERPRINTS

### DNA Collection Kit:

- Rub a clean (sterile if possible) cotton swab on the inside of cheek until moist. Apply the same pressure that you would when brushing your teeth.
- Let air dry for 24 hours.
- When dry, place in zip-lock bag and seal bag.
- Fold and place zip-lock bag in another zip-lock bag and seal bag.
- Label with child's name and sample date.
- Save in freezer until needed.
- Follow same procedure for blood sample. However, wait until child scrapes or cuts him/herself before taking sample.
- You may also save baby teeth in same manner.

### Fingerprinting:

- Make sure hands are clean.
- Hold child's finger rigid, placing your forefinger over the child's cuticle area.
- Lightly press child's finger onto ink surface, then lightly apply onto fingerprint card.
- Press flat on card and lift.
- Please note: Do not roll - just press and lift.

Date of Fingerprinting: \_\_\_\_\_

R. Thumb	R. Four Fingers	
L. Four Fingers		L. Thumb

## FINGERPRINT RECORD

Right Little	Left Little
Right Ring	Left Ring
Right Middle	Left Middle
Right Index	Left Index
Right Thumb	Left Thumb