

CHILD IDENTIFICATION KIT



Child's Name:

**Rocklin Police Department
4080 Rocklin Road
Rocklin, California 95677**

**9-1-1: Emergency Number
632-4093: Emergency Number For Cell Phones
625-5400: Non-Emergency Number**

Child Identification Information

Today's Date: _____

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ **Place of Birth:** _____

Home Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Nickname:** _____

Sex: _____ **Race:** _____ **Complexion:** _____

Height: _____ **Weight:** _____ **Build:** _____ **Eye Color:** _____

Hair Color: _____ **Hair Length:** _____ **Blood Type:** _____

Social Security #: _____ **Calif. I.D. Card #:** _____

Identifying Features (scars, birthmarks, moles, tattoos, missing teeth, piercings, etc.):

Disabilities: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Eye Glasses Frame Description: _____

Doctor's Name & Phone Number: _____

Dentist's Name & Phone Number: _____

Jewelry/Watch Description: _____

Bicycle Description: _____

Scooter/Skateboard/Vehicle Description: _____

Family/Child's Internet Service Provider and Email Address: _____

School Name: _____ **School Phone:** _____

School Address: _____

Contacts (People who might be able to provide information if your child is missing such as parents, relatives, babysitters, friends, teachers, coaches, etc.):

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Current Photograph

(Update photograph every 6 months)

Hair Sample

(Place several hairs in this envelope)

Fingerprint Card

R. THUMB	R. INDEX	R. MIDDLE	R. RING	R. LITTLE
L. THUMB	L. INDEX	L. MIDDLE	L. RING	L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY