



**NEIGHBORHOOD  
CRIME WATCH**



# CHILD IDENTIFICATION PACKET



A community service of

**GUARDIAN**  
protection services

One of the Armstrong Group of Companies

*...there when you need us most*

I, \_\_\_\_\_<sup>(signature)</sup> \_\_\_\_\_ (parent/guardian) authorize this police department to fingerprint and photograph my child for the purpose of identification. I understand that the fingerprints and photograph will be given to me for use in case of emergency.

FINGERPRINTS

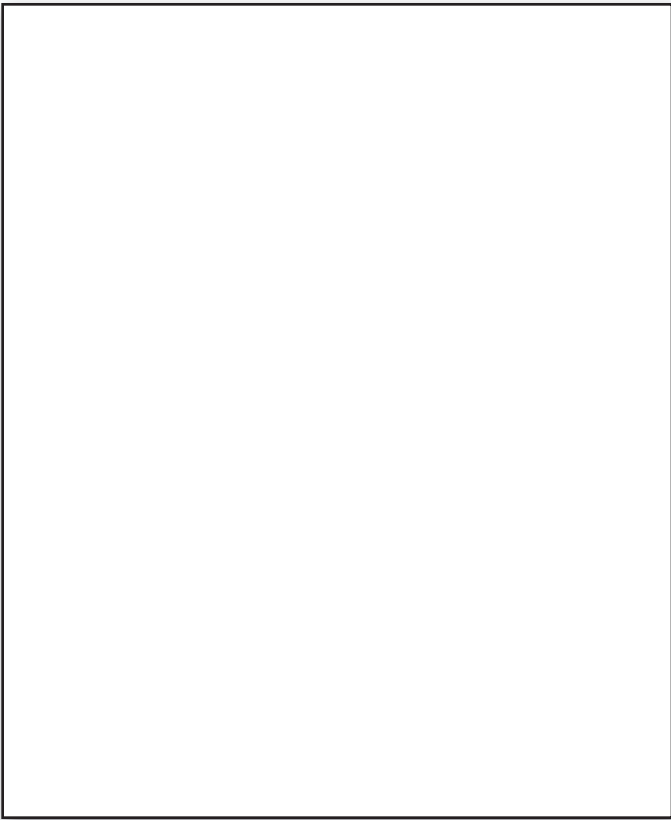
LEFT FOUR FINGERS

LEFT THUMB    RIGHT THUMB

RIGHT FOUR FINGERS

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For information about Guardian's 24-hour home security system  
**CALL 1-800-PROTECT (1 800-776-8328)**



**THIS PHOTOGRAPH WAS TAKEN ON:**

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Date*

*When a current photograph is attached, cross out old date and document the date the above photo was taken. Photos should be updated each year!*

**CHILD HISTORY FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Alternate Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Glasses  yes  no

Hair Color \_\_\_\_\_ Style \_\_\_\_\_

Distinguishing Features \_\_\_\_\_

\_\_\_\_\_

Physical Handicaps \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

Frequency \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_