

CHILD SAFETY FINGERPRINT ID FORM

Place a Recent
Photo Here



Personal Profile

First Name _____

Middle Name _____

Last Name _____

Birthdate
____/____/____

Race

Hair Color

Sex
☐ F ☐ M

Height/Weight
____.____ / ____ lbs

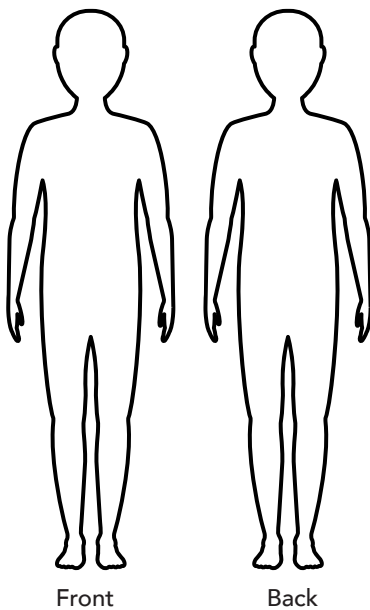
Eye Color

Medical Conditions

Medications

Allergies

Identifying Features



Front

Back

Fingerprint Chart

Using a stamp pad (found in many supermarkets or stationery stores), hold your child's finger rigid and place lightly on pad. After applying ink, transfer lightly to chart.

R. THUMB	R. INDEX	R. MIDDLE	R. RING	R. LITTLE
L. THUMB	L. INDEX	L. MIDDLE	L. RING	L. LITTLE



Provided by

State Senator Greg Rothman

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