

Actual size
Width: 11 in.
Height: 5.625 in.

Die Line (represents actual cut product)
Live Area (3/16" inset from Die Line)
Fold Line

PERSONAL INFORMATION

LAST NAME

FIRST NAME

M.I.

SOCIAL SECURITY #

DATE OF BIRTH

AGE

[] MALE
[] FEMALE

STREET ADDRESS

CITY

STATE

ZIP

()

HOME TELEPHONE

CHILD'S NICKNAMES

CHILD'S FRIENDS

MOTHER'S NAME

()
TELEPHONE

FATHER'S NAME

()
TELEPHONE

NEAR RELATIVE

()
TELEPHONE

DEOXYRIBONUCLEIC ACID

Attach
DNA
HAIR SAMPLE
Here

ATTACH SEVERAL STRANDS OF HAIR WITH ROOTS AND FOLLICLES INTACT

PHYSICAL INFORMATION

HAIR COLOR

EYE COLOR

RACE

HEIGHT

WEIGHT

LBS.

BRACES

GLASSES

YES NO
[] []
[] []

INDICATE ANY IDENTIFYING MARKS ON THE
PICTURES AND SPACES ABOVE.
(BIRTHMARKS, SCARS, MOLES, BROKEN BONES, ETC.)

TO REPORT A MISSING CHILD CALL
1-800-THE-LOST
1-800-843-5678

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LIONCIRCLE

Children
Identification

KEEP IN A SAFE & ACCESSIBLE PLACE

Please keep all text and
graphics inside the Live Area.
Please model spot colors using the
Pantone solid coated Matching System
Please submit all Fonts and Links
for output with your Final Composite.

FINGER PRINTS

Left Little

Left Ring

Left Middle

Left Index

Left Thumb

Right Little

Right Ring

Right Middle

Right Index

Right Thumb

INSTRUCTIONS

1. Pull ink strips apart. Each side is usable for fingerprinting.

2. Gently press area of finger to be printed on ink strip then in correct box on identification card. Start with thumb or pinky and move to the next finger.

3. You may want to try practicing on plain paper a few times. There is enough ink on strip supplied for this.

4. Ink washes off with soap and water.

5. DO NOT put the ink strip or finger with ink on it near the mouth or eye areas.

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 their head and shoulders.

3. Enter all applicable identification information into the spaces provided.

4. Fingerprint your child using the attached ink strip.

5. Allow ink to dry, taking caution not to smear.

6. Dental chart should be completed by your child's dentist at your next visit.

7. Store in a safe, accessible place for your records only.

8. Talk with your child about safety often. Make sure they know their complete name, address and phone number including area code.

DENTAL INFORMATION (TO BE COMPLETED BY YOUR CHILD'S DENTIST)

RIGHT

LEFT

DENTIST'S NAME

TELEPHONE

Date of Photograph

ATTACH A RECENT PHOTOGRAPH HERE

MEDICAL INFORMATION

BLOOD TYPE

PLACE OF BIRTH

MEDICATIONS

CHRONIC ILLNESSES

ALLERGIES

DOCTOR'S NAME

TELEPHONE