

# CHILD IDENTIFICATION INFORMATION

UPDATED \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Nickname Social Security Number

PRIMARY RESIDENCE \_\_\_\_\_  
Street City State Zip Code

SCHOOL \_\_\_\_\_  
Name Address City County State

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
Month Day Year Hospital/Birthing Center/Etc. City County State

RACE \_\_\_\_\_ SEX \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR \_\_\_\_\_ HAIR TYPE \_\_\_\_\_  
Color/Length Fine-Coarse-Thin-Thick-Straight-Wavy-Curly

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SKIN TONE \_\_\_\_\_ FRAME TYPE \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_  
Feet/Inches Pounds Light/Fair/Medium/Olive/Dark Small/Medium/Large

(CIRCLE) LEFT/RIGHT HANDED GLASSES CONTACTS DENTAL BRACES PIERCINGS \_\_\_\_\_

OTHER UNIQUE FEATURES/ABILITIES \_\_\_\_\_  
Walks with limp, Artificial Limb, Bi/Multi-Lingual, Medical Condition(s) (such as diabetes), Etc.

HOBBIES/SPECIAL INTERESTS \_\_\_\_\_

LIST CHILD'S FAVORITES \_\_\_\_\_  
Food(s), Story(ies)/Book(s), Toy(s), Television Show(s), Song(s), School Subject(s), Etc.

IS CHILD AFRAID OF: Noises \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Horses \_\_\_\_\_ The Dark \_\_\_\_\_ Other \_\_\_\_\_

DESCRIBE CHILD'S PERSONALITY \_\_\_\_\_  
(Outgoing, Friendly, Boisterous, Shy, Quiet, Withdrawn, Moody, Etc.)

MEDICATIONS/SEVERE ALLERGIES \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Name Address City State Area Code Phone Number

DENTIST \_\_\_\_\_  
Name Address City State Area Code Phone Number

ARE DENTAL X-RAYS AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

Attach photo here. Update photo every 6 months or whenever child's appearance significantly changes.

Date of Photo: \_\_\_\_/\_\_\_\_/\_\_\_\_



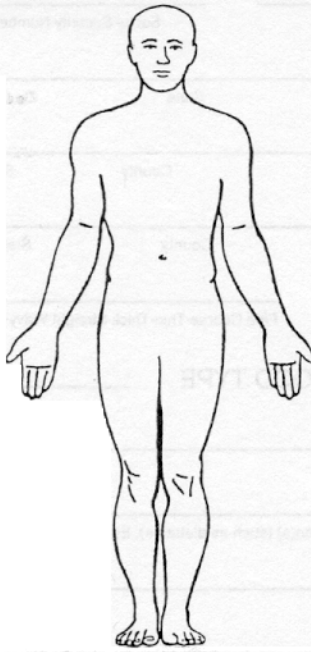
State of North Carolina  
Department of Crime Control and Public Safety  
Division of Alcohol Law Enforcement

The information on this form will not prevent your child from becoming missing. However, the information will help law enforcement officials to locate, positively identify, and return your child in the event that they should become missing. Take time to fill out all the information requested and then talk with your child about personal safety skills. Hopefully, the only time you will use the form again is for periodic updates.

**IN THE EVENT THAT YOUR CHILD BECOMES MISSING, IMMEDIATELY:**

- Contact your child's friends, school, neighbors, other parent, relatives, and anyone else who might have knowledge of your child's whereabouts, or a description of the person with whom he/she was last seen. Check to see what, if any, of your child's possessions are missing that might assist in locating him/her. If you know your child has been abducted by a stranger, the non-custodial parent, or has run away, contact local law enforcement immediately.
- File a missing child report with the appropriate law enforcement agency. Provide them with the information contained on this form. Be truthful in reporting any family conflicts or unpleasant circumstances. If you know your child was taken by the other parent or another relative, you should have a copy of your custody order available for law enforcement review.
- Local law enforcement should enter the missing child report data into the FBI's National Crime Information Center (NCIC) computer. That system is accessible by law enforcement agencies across the nation. Local law enforcement should also immediately broadcast a message to appropriate agencies in North Carolina using the Division of Criminal Information (DCI) network.
- Contact the North Carolina Center for Missing Persons at 1-800-522-5437 for additional information and assistance.

Use the drawings below to indicate the location of any scars, birthmarks, moles, tattoos, etc. Use the numbered spaces to indicate the type of identifier (such as a scar) and mark the location on the silhouette with the corresponding number.

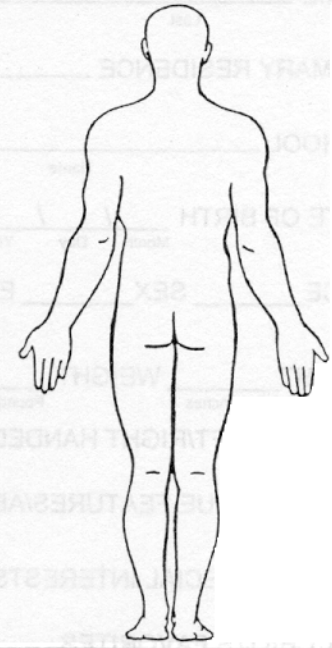


**FRONT**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

**BACK**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_



The blanks in this area should be completed by your child's dentist or dental hygienist.

_____	9 _____	17 _____	25 _____
2 _____	10 _____	18 _____	26 _____
3 _____	11 _____	19 _____	27 _____
4 _____	12 _____	20 _____	28 _____
5 _____	13 _____	21 _____	29 _____
6 _____	14 _____	22 _____	30 _____
_____	15 _____	23 _____	31 _____
8 _____	16 _____	24 _____	32 _____

**IMPORTANT PARENT INFORMATION**

**MOTHER** \_\_\_\_\_  
Last Name First Middle Maiden Social Security Number

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HEIGHT** \_\_\_\_ **WEIGHT** \_\_\_\_ **HAIR COLOR** \_\_\_\_ **EYE COLOR** \_\_\_\_  
Month Day Year Feet/Inches Pounds

**RESIDENCE** \_\_\_\_\_  
Street Address City State Zip Code Home Phone Number

**MOTHER'S EMPLOYER** \_\_\_\_\_  
Company Name Position/Job Title

**WORK ADDRESS** \_\_\_\_\_  
Street City State Zip Code Work Phone Number

**FATHER** \_\_\_\_\_  
Last Name First Middle Social Security Number

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HEIGHT** \_\_\_\_ **WEIGHT** \_\_\_\_ **HAIR COLOR** \_\_\_\_ **EYE COLOR** \_\_\_\_  
Month Day Year Feet/Inches Pounds

**RESIDENCE** \_\_\_\_\_  
Street Address City State Zip Code Home Phone Number

**FATHER'S EMPLOYER** \_\_\_\_\_  
Company Name Position/Job Title

**WORK ADDRESS** \_\_\_\_\_  
Street City State Zip Code Work Phone Number