## P • I • C • K

## PHYSICAL IDENTIFICATION CHARACTERISTICS KIT

Your kit for recording identification records for your child



To report a missing person in Missouri, call local law enforcement or dial 911.

## Check (X) What Applies

Complexion  Light Medium Dark Ruddy Freckles	Hair  Black Blond(e) Brown Red Other	Allergies  Eating Habits
☐ Dimples ☐ Other  Eyes	Build  ☐ Slender ☐ Medium ☐ Heavy	☐ Good ☐ Poor Favorite Foods:
☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel	Devices  ☐ Glasses ☐ Contacts ☐ Prosthetic	Foods Disliked:
Height & Weight		Teeth  ☐ Permanent Teeth ☐ Braces ☐ Filings Where?
Inches Weight		Caps? Where?
Birthmarks and their location		Missing Teeth? Where?
Scars & Marks  ☐ Pierced Ears		Broken Bones Where?
☐ Tattoos ☐ Bites Nails ☐ Scars ☐ Marks Where?		Blood Type Where?
		X-Rays On File At:

## Identification Records Complete this form and keep it in a safe place.

Name:		Date:
Address:		ne:
Nickname:		
Date of Birth:	_ Sex:	Race:
Place of Birth:		
JULIOUNS/ ALLUNGUL		
Parent's or Guardian's Name:	ses)	
Address:	Phone	e:
Record physical and p	<u> </u>	eristics below:
Disabilities?		
(limp, speech impedimen		
Serious illnesses requiring special me	dication?	
(illness) Names and addresses of doctor and difile:	(special medication)  dentist where medic	cal and dental records are on
Hobbies, favorite pastimes, and places	s person likes to vis	it:
Friends and acquaintances who migh	t provide a "lead" oı	n the missing person:
Add any other identifying information:	:	Place recent photo here.

Right four fingers taken simultaneously. R. Little Fingers must be fully inked and rolled. Improperly taken prints are of no value for identification. R. Ring R. Middle L. Middle R. Thumb Left four fingers taken simultaneously. R. Index R. Thumb