

UPPER BURRELL TOWNSHIP POLICE DEPARTMENT



CHILD I.D. KIT

KEEP THIS KIT IN A SECURE PLACE

DATE COMPLETED

CHILD INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)
STREET		CITY	STATE ZIP
HOME PHONE		PARENT/GUARDIAN CELL PHONE	
E-MAIL		SOCIAL SECURITY NUMBER	

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME	MOTHER'S ADDRESS
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S PHONE NUMBER
FATHER'S NAME	FATHER'S ADDRESS
FATHER'S SOCIAL SECURITY NUMBER	FATHER'S PHONE NUMBER

CHILD DESCRIPTION

HAIR COLOR	EYE COLOR
HEIGHT	WEIGHT
RACE	COMPLEXTION
SHOE SIZE	CLOTHING SIZE
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
GLASSES/CONTACTS	BRACES

CHILD I.D. KIT

PAGE 2

CHILD'S FREQUENTS

(1) CHILD'S FRIEND NAME	FRIEND'S HOME PHONE NUMBER
FRIEND'S ADDRESS	FRIEND'S PARENTS NAME
(2) CHILD'S FRIEND NAME	FRIEND'S HOME PHONE NUMBER
FRIEND'S ADDRESS	FRIEND'S PARENTS NAME
(3) CHILD'S FRIEND NAME	FRIEND'S HOME PHONE NUMBER
FRIEND'S ADDRESS	FRIEND'S PARENTS NAME
CHILD'S FAVORITE PLACES TO GO OTHER THAN FRIEND'S	

FINGERPRINTS

RIGHT THUMB	RIGHT INDEX	RIGHT MIDDLE	RIGHT RING	RIGHT LITTLE
LEFT THUMB	LEFT INDEX	LEFT MIDDLE	LEFT RING	LEFT LITTLE

PHOTO

PLACE PHOTO OF CHILD HERE
--