

CHILD SAFETY FINGERPRINT I.D. FORM



FINGERPRINT CHART

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

**PLACE A
RECENT PHOTO
HERE.
(Update Yearly)**

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH ____ / ____ / ____

SEX	RACE	HEIGHT	WEIGHT
BLOOD TYPE			
EYE COLOR		HAIR COLOR	

INSTRUCTIONS:

- Using a stamp pad (found in many supermarket or stationery stores), hold your child's finger rigid and place lightly on pad. After applying ink, transfer lightly to chart.
- Remove ink from fingers with soap and water after chart is completed.
- STORE THIS FORM IN A SAFE PLACE.**

