

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:

1. 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.
2. Remove ink from fingers with soap and water after chart is completed.
3. **STORE THIS FORM IN A SAFE PLACE.**



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YOUR STATE SENATOR