

Left Four Fingers

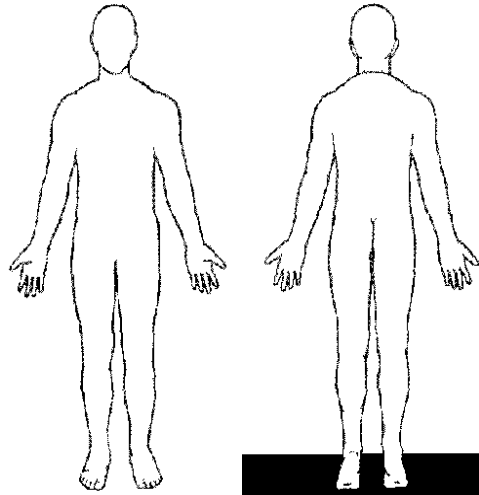
Left Thumb

Right Thumb

Right Four Fingers

In case of infant place left and right foot in designated boxes.

Identifying Marks



Front

Back

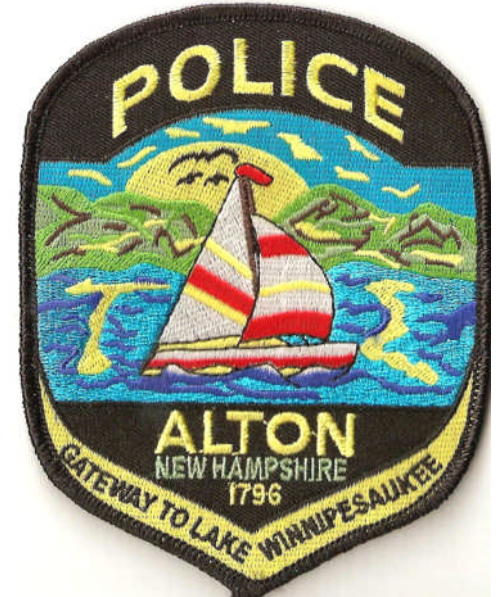
Race/Ethnicity: _____

Indicate any identifying marks/scars: _____

Alton Police Department
15 Depot Street, Alton, NH 03809
Tel: (603)875-0757
Fax: (603)875-0751
Email: police@alton.nh.gov

ALTON POLICE
DEPARTMENT

OPERATION IDENTIFICATION CHILD IDENTIFICATION KIT



15 Depot Street, Alton, NH 03809
Tel: (603)875-0757

Child's Full Name

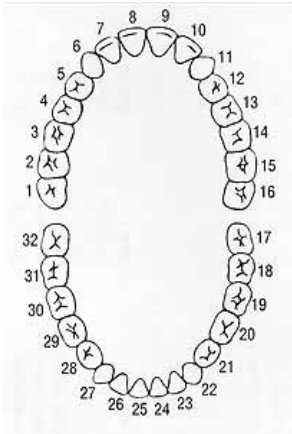
INSTRUCTIONS

1. Print your child's full name on the front cover.
2. We recommend periodic updating of the kit.
3. Attach a photograph of your child; a front shot of their head and shoulders is preferred.
4. Attach strands of your child's hair as a DNA sample. Hairs should be plucked and not cut to preserve the follicles.
5. Enter all applicable identification information into the spaces provided.
6. Dental chart should be filled out by your child's dentist at your next visit.
7. Store in a safe, accessible place for your records only.

Dentist's Name: _____

Tel: _____

Notes: _____



Personal Information

Last Name First Name MI

Date of Birth Age Male Female

Social Security#

Height Weight Hair Color Eye Color

Distinctive Marks/Scars

Street Address

Home Telephone

Nicknames

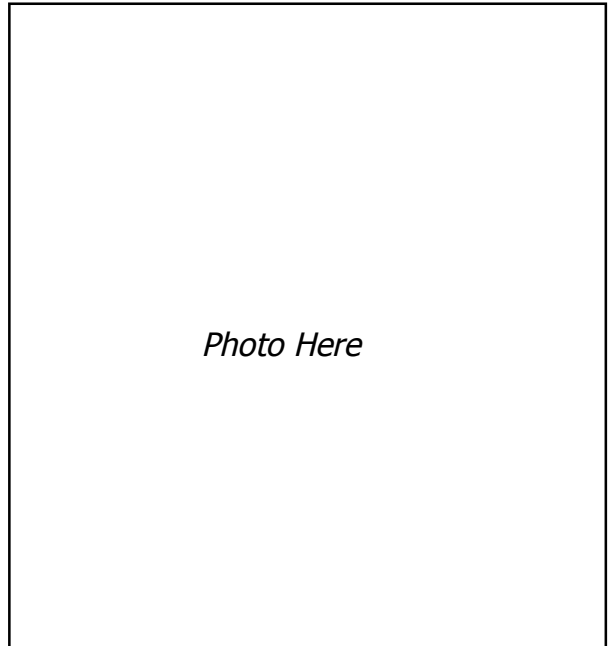
Mother's Name Telephone

Father's Name Telephone

Nearest Relative Telephone

Hair Sample

Date of Photograph: ____ / ____ / ____



Medical Information

Blood Type: _____

Place of Birth: _____

Medication: _____

Medical Issues: _____

Physician: _____

Tel: _____