CHILD IDENTIFICATION KIT

Arkansas Attorney General Leslie Rutledge
323 Center Street, Little Rock, AR 72201
(501) 682-2007 • (800) 482-8982 • ArkansasAG.gov

To report a missing child, call local law enforcement and the National Center for Missing and Exploited Children at (800) THE-LOST (843-5678).

CHILD’S FULL NAME

DENTAL INFORMATION
(To be completed by child’s dentist)

Notes:

Dentist’s Name
Telephone

PHYSICAL INFORMATION

Hair Color ______________ Eye Color ______________ Race _______

Yes    No

Braces

Height ________________ Weight _______________

Glasses

Indicate any identifying marks on the pictures and spaces below
(Birthmarks, scars, moles, broken bones, etc.)

KEEP FOR YOUR PERSONAL RECORDS IN A SAFE AND ACCESSIBLE PLACE
1. Pull ink strips apart. Each side is usable for fingerprinting.
2. Gently press area of finger to be printed on ink strip then in correct box on identification card.
3. You may want to try practicing on plain paper a few times.
4. Allow ink to dry, taking caution not to smear.
5. Ink washes off with soap and water.
6. DO NOT put ink strip or finger with ink on it near the mouth or eyes.

PERSONAL INFORMATION

Name_______________________________________________
Social Security Number______________________________
Date of Birth____________________ Age ____ □ Female □ Male
Street Address_________________________________________
City_________________________________________State__Zip_________
Home Telephone_____________________________________
Child's Nicknames___________________________________
Child's Friends_______________________________________
Mother's Name_______________________________________
Father's Name________________________________________
Nearest Relative_____________________________________
Telephone__________________________________________

DNA SAMPLE

Attach several strands of hair

FINGERPRINT INSTRUCTIONS

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MEDICAL INFORMATION

Blood Type_______ Place of Birth __________________________
Medications____________________________________________
Chronic Illnesses________________________________________
Allergies________________________________________________
Doctor's Name_________________________________ Telephone________

DNA SAMPLE

Attach several strands of hair