



Operation SAFE CHILD

Please Print or Type All Information and bring this form with you to the Operation Safe Child ID Station

CHILD'S NAME:			
First	Middle Initial	Last	
DATE OF BIRTH: / /		GENDER: <input type="radio"/> Male	
MM	DD	YYYY	<input type="radio"/> Female
RACE: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Bi-Racial <input type="radio"/> Other			
BIRTH CITY/STATE: /			
EYE COLOR:		HAIR COLOR:	
HEIGHT: Ft. In.		WEIGHT: Lbs.	
MOTHER'S FIRST NAME/MAIDEN NAME:			
OTHER INFORMATION: (Piercings, Scars, Marks, Tattoos, Medical Conditions, Medications, Dental Appliances, Corrective Lenses)			

IMPORTANT INFORMATION

Operation SAFE CHILD ID cards should be carried by a parent or guardian. In the unlikely event that your child disappears, the card should be provided to the investigating police agency immediately. This will expedite dissemination of missing child information to police agencies and the public.

AUTHORIZATION (Parents / Legal Guardians- please complete Yellow section)

I request that an *Operation SAFE CHILD* ID card be produced for the above-named child.

_____	_____	_____	_____
Name (Printed)	Name (Signature)	Relationship to Child	Date

FOR PARENTS OR LEGAL GUARDIANS ONLY

Parents and guardians have the option of allowing the photograph, biographical information and fingerprints, to be stored at the NYS Division of Criminal Justice Services. If this option is chosen, all information will be deleted when a child reaches 18 years of age. If this option is not chosen, all information will be deleted after producing the child ID card.

As the parent or legal guardian of the child noted above, I Authorize Do Not Authorize

DCJS to store his/her photograph and biographical information and fingerprints. I understand that this information can be used, without additional authorization, to locate my child if he/she is reported missing to a police agency.

_____	_____	_____
Parent/Legal Guardian Name (print or type)	Parent/Legal Guardian (Signature)	Date