PLACE PHOTO HERE Remember to use a high-resolution, head-and shoulders photo of your child, and update it every 6 months.	PERSONAL INFORMATION
	First/Middle Name:
	Last Name:
	Nickname:
	Date of Birth:
	Address:
	City:
	State:
	Zip/Postal Code:

First/Middle Name:
Last Name:
Nickname:
Date of Birth:
Address:
City:
State:
Zip/Postal Code:

## PHYSICAL CHARACTERISTICS

Sex: Female Male	Height	Weight	Date
Race/Ethnicity:			
Hair Color:			
Eye Color:			



Thumbprints are critical to a complete child identification record and should be taken by trained individuals, such as law enforcement.





## DISTINGUISHING CHARACTERISTICS

My child wears or has:				
Glasses Contacts Braces Birthmarks Piercings Tattoos				
Special Needs:				
Other:				
Physician's Name:				
Office #:	Allergies/Conditions:			
Medications:	Blood Type:			
Emergency Contact:	Emergency Contact:			
Relationship:	Relationship:			
Cell #:	Cell #:			
Home #:	Home #:			
Work #:	Work #:			
WHAT TO DO				
If your child is missing from home, s	earch			
<ul> <li>» closets</li> <li>» inside large appliances</li> <li>» piles of laundry</li> <li>» in and under beds</li> <li>» anywhere else that a child may crawl or hide</li> </ul>				
Immediately call your local law-enfo	rcement agency and provide them with			

After you have reported your child missing to law enforcement, contact National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678).

If your computer is equipped with a microphone and speakers, you may talk to one of our Hotline operators via **www.missingkids.org** online.

