



Operation SAFE CHILD

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|--|----------------|------------------------------------|------------------------------|
| 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

 Phone Number **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**

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.