



An Important Document Crucial to Your Family's Safety
from Assemblyman
Brian Kolb

A private record of important information to be given to authorities should the need arise.

Child's Name: _____



Document provided
courtesy of
Assemblyman
Brian Kolb



Child's Favorite Things

Places

Foods

Pastimes

Other Identifying Activities, Mannerisms, etc.

It is my sincere hope that this document is never needed, but that completing it may offer some peace of mind to parents and guardians.

*If you would like more copies, please do not hesitate to contact my offices:
607 West Washington Street • Geneva, NY 14456 • (315) 781-2030 or
446 Legislative Office Building • Albany, NY 12248 • (518) 455-5772*

E-mail: kolbb@assembly.state.ny.us

— Assemblyman Brian Kolb

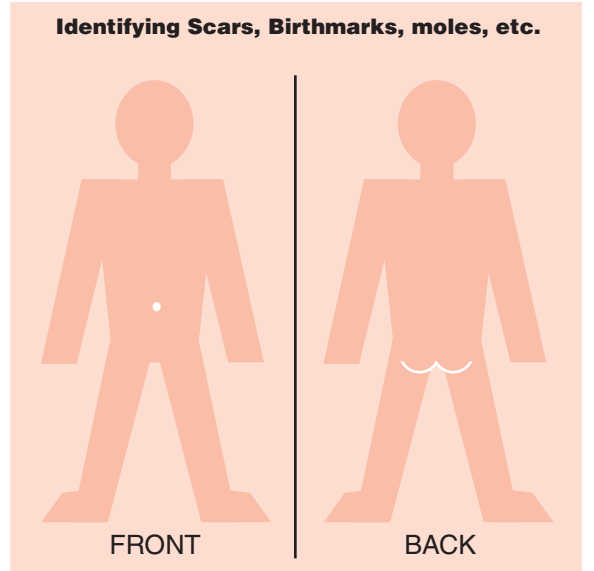
Personal Information

Name (Last)		
(First)		
(Middle)		
Nickname		
Date of Birth	Social Security Number	
Mother's Name ()		
Phone	SS#	
Father's Name ()		
Phone	SS#	
Street		
City	State	Zip



Medical Information

Doctor's Name		Phone ()	
Birth Hospital		City, State	
M	F	Phone	
Sex	Blood Type		
Race	Complexion		
Eye Color	Hair Color		
Height	Weight		
Shoe Size	Clothing Size		
YES	NO	YES	NO
Glasses?	Braces?		
Chronic Illnesses			
Medications			
Allergies			



Fingerprints

Most Police Departments will fingerprint your child for free.

right thumb	right index	right middle	right ring	right little
left thumb	left index	left middle	left ring	left little

DNA Sample



Attach several hair strands with roots and follicles intact.

Dental Records

Have your child's dentist complete this section.

Dentist's Name ()
Phone

