

Keep this Document in a safe place at home.

Fingerprint & DNA Document

Place a head & shoulders color photo here. Update it every year (every six months for younger children).

Fingerprint record

Read all instructions first!

Practice on paper before applying prints. A flat print is acceptable for identification when the center of the fingerprint is clear and unsmudged. Rolling the finger is NOT necessary and may smear the print. For very small children you may do all four fingers at once. If the prints are not clear, keep trying on a separate sheet of paper until you get good prints. Store the sheet with the Fingerprint & DNA Document.

- Use a black stamp pad that makes clear prints.
- Hold your child's finger rigid, placing your forefinger over the cuticle area.
- Lightly place child's finger on ink, then lightly apply to correct space below.



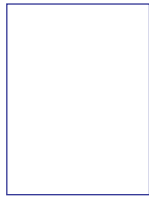
Right thumb



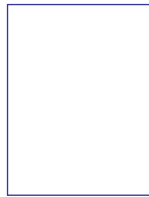
Right index



Right middle



Right ring



Right little



Left thumb



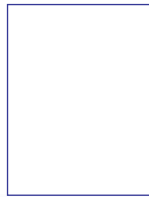
Left index



Left middle



Left ring



Left little

The Polly Klaas® Foundation does not assume responsibility for the quality of information and/or fingerprints contained within. For best results, fingerprinting should be done by a trained professional.

Place your child's hair sample here. Include 25 to 50 strands with root attached. Collect them using a clean hairbrush. Seal them in a plastic bag and tape it here.

Enter the following information with your child:

My name is _____		Today's date _____	
My nickname is _____		I am a boy/girl _____	
My street address is _____			
City _____		State _____	Zip code _____
(_____)			
My home phone number is (including area code) _____			
My eye color is _____		My hair color is _____	
My special identifying features like pierced ears, glasses, scars, birthmarks are _____			
My mother's name is _____			
My mother's street address is _____			
City _____		State _____	Zip code _____
(_____)		(_____)	
Her home phone is _____		Her office/cell phone is _____	
My father's name is _____			
My father's street address is _____			
City _____		State _____	Zip code _____
(_____)		(_____)	
His home phone is _____		His office/cell phone is _____	
My guardian's name is _____			
My guardian's street address is _____			
City _____		State _____	Zip _____
My guardian's home phone is _____		My guardian's office/cell phone is _____	
Child's birthdate _____		Child's race _____	Weight _____
			Height _____
Doctor _____			Phone _____
Current Medications (if any) _____			
Allergies (if any) _____			
Chronic illnesses (if any) _____		Blood type (if known) _____	
Dentist _____		Phone _____	