



# Operation SAFE CHILD

Please Print All Information

|  |  |  |
|--|--|--|
| CHILD'S NAME: _____<br><small>First Middle Initial Last</small>  |  |  |
| DATE OF BIRTH: ____/____/____<br><small>MM DD YYYY</small>   | GENDER: (Circle One)    Male    Female |  |
| RACE: (Circle One)    White    Black    Hispanic    Asian    American Indian    Bi-Racial    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 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

I request that an Operation SAFE CHILD 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**    (Circle One)

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 (Printed) | Parent/Legal Guardian (Signature) | Date  |

DCJS - 3286 (2/07)