



CHILD INFORMATION SHEET

Keep this sheet in a safe place. If any child is missing, this information will be critical to law enforcement. Update the information if it changes.

Name _____ Nickname _____ Sex _____ Race _____
 Mother's Name _____ Telephone # _____
 Father's Name _____ Telephone # _____

Date of Birth _____ Blood Type _____ Medications _____

Age _____ Allergies _____ Doctor's Name _____

Place of Birth _____

Eye Color _____ Glasses _____ Contacts _____
 Hair Color _____ Height _____ Weight _____

Complexion (circle one)
 Fair Olive Light Brown Dark Brown Albino Other _____
 Build (circle one)
 Slight Medium Heavy

Additional Information (unusual habits, speech problems, etc.) _____

Date of Photo _____

Place *Child's Photo* Below



DNA Sample - Place child's hair strands here. (Must have root attached)

Dental Records - To be completed by your child's dentist.

DENTAL INFORMATION - TO BE COMPLETED BY YOUR CHILD'S DENTIST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT								LEFT							
A B C D E				F G H I J				K L M N O				P Q R S T			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DENTIST'S NAME

TELEPHONE



Wisconsin Department of Justice
 Office of the Attorney General Division of Criminal Investigation
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 608-266-1221 608-266-1671

