



EMERGENCY IDENTIFICATION INFORMATION

Distribute copies of this form to friends, family, and authorities in the event of emergency.

Full Name _____ Name Called _____

Address _____

Phone _____ Social Security Number _____

Date of Birth _____ Place of Birth _____

Sex _____ Blood Type _____ Ethnic Background _____

Height _____ Weight _____ Eyes _____ Hair _____

Identifying features _____

Date of **Photograph** (see attached) _____

Emergency Contacts

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

▶ Note: Local Police/Missing Persons Phone _____

▶ Have local police fingerprint your family/children and attach.

▶ The National Center for Missing & Exploited Children: 1-800-THE-LOST