



Gray County Sheriff Safety ID

Please Print Clearly. *We do not keep any data.*
The parent is the only one with the record when completed.

• First Name	
• Middle Name	
• Last Name	
• Nick Name	
• Parent / Guardian Name	
• Gender	
• Height	
• Weight	
• Eye Color	
• Hair Color	
• Glasses	
• Race	
• Date of Birth	
• Distinguishing Marks	
• Other Health Considerations	
• Primary Phone Number	
• Alternative Phone	
• Alternative Phone	
• Address	
• Zip	
• City	
• State	

Print Name of Child: _____

Age: _____

Print name of parent or guardian _____

I'm the Parent or Guardian of this child and give my full permission for him / her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material, which I will own, and which will remain, under my control.

Date: ____/____/____ Signature of parent or guardian: _____