



CHILD ID KIT INFORMATION FORM

FIRST NAME: _____ MI: _____ LAST NAME: _____

NICKNAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (CITY/STATE): _____

NAME OF PARENT/GUARDIAN: _____

PHONE # OF PARENT/GUARDIAN: _____

GENDER (PLEASE CIRCLE): MALE FEMALE

RACE (PLEASE CIRCLE ONLY ONE):

ASIAN BLACK HISPANIC NATIVE-AMERICAN CAUCASIAN UNKNOWN

EYE COLOR (PLEASE CIRCLE ONLY ONE):

BLUE BROWN BLACK GREEN HAZEL PINK MULTI-COLORED OTHER

HAIR COLOR (PLEASE CIRCLE ONLY ONE):

BLACK BROWN BLONDE WHITE SANDY RED BALD

HEIGHT: FEET _____ INCHES _____

WEIGHT: _____

SPECIAL MARKS/SCARS/IDENTIFYING CHARACTERISTICS: _____

SPECIAL MEDICAL NEEDS: _____

CHILD'S DENTIST: _____ PHONE NUMBER: _____

DENTIST'S CITY AND STATE: _____

EMERGENCY CONTACT NAME (OTHER THAN PARENT):

EMERGENCY CONTACT PHONE NUMBER: _____

This form will be returned in your kID kit. No information about your child is retained by IDentification Resources



CONSENT FORM

I, _____, the parent or legal guardian of _____, give my consent for a representative of IDentification Resources LLC to obtain fingerprints, a facial photograph, personal information, and oral DNA samples from my child, _____. I understand that no photo images, DNA samples, personal information, or fingerprint images belonging to my child will be retained by IDentification Resources, nor will they be transmitted or given to any third parties.

The gathering of fingerprints, DNA samples, and photographic images of my child is a process that will require my child's cooperation in order to be effective. I understand that, should my child fail to cooperate to a point where the kit cannot be completed, the kit will not be completed, and IDentification Resources will fully refund any payment already made by me.

I also understand that IDentification Resources, LLC utilizes some of the most advanced and recognized collection techniques available today. I understand that the biological samples taken from my child are delicate and subject to contamination and/or degradation, and that I should follow the storage recommendations included with the kit in order for the samples to retain the best likelihood of being useful for future testing purposes, should they be needed. I also understand that, as DNA technology improves in the future, it might be advisable for me to have other sample(s) taken in the at that time.

By signing this form, I acknowledge that I am the parent or legal guardian of the child whose name appears on this form.

PARENT/GUARDIAN SIGNATURE

DATE