



Munster Police Department

Child Identification Card Sign-Up Form

CHILD'S INFORMATION

LAST

FIRST

MI

COMPLETE ADDRESS

____/____/____
DATE OF BIRTH

ft

in

HEIGHT

WEIGHT

HAIR

EYES

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME(S)

PHONE NUMBER

I, the parent/guardian of the above listed child, provide permission for the Munster Police Department and/or their designated volunteers to create a child identification card for my child and to store his/her information in the police department's database for future emergency use.

SIGNATURE

DATE

OFFICER PRESENT

DATE