



**FRANKLIN COUNTY  
SHERIFF CHILD ID PROGRAM**

Please Print Clearly.

Child's First Name	
Middle Name	
Last Name	
Nick Name	
Parent/ Guardian Name	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Glasses	Yes / No
Race	
Date of Birth	
Distinguishing Marks	
Other Health Considerations	
Primary Phone Number	
Address	
Zip	
City	
State	

5 video Interview Questions

What is your Name?

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What is your best friends name?

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How do you get home from school?

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Where is your favorite place to play?

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Where do you like to go when you are upset?

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Print Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_

I am 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 the identification data will be stored and secured at the Franklin County Sheriff's Office.