child protection international

Personal & Medical Information

Full Name

Nicknames

Street Address

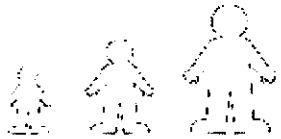
City

Birth Date | Age | Gender

Mother's Name | Father's Name

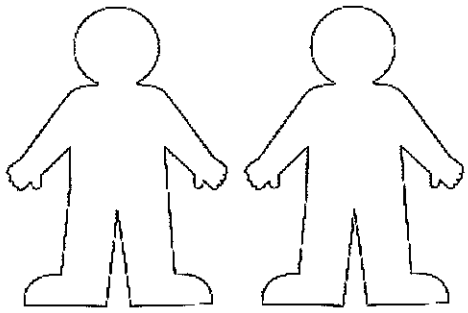
Eye Color | Hair Color/Type

Height (circle one)



Short | Average | Tall

Physical Characteristics

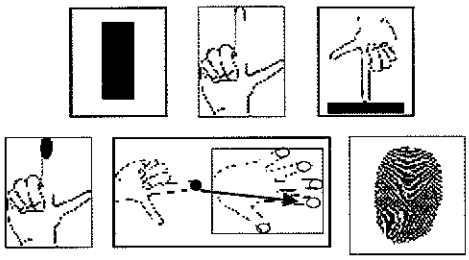


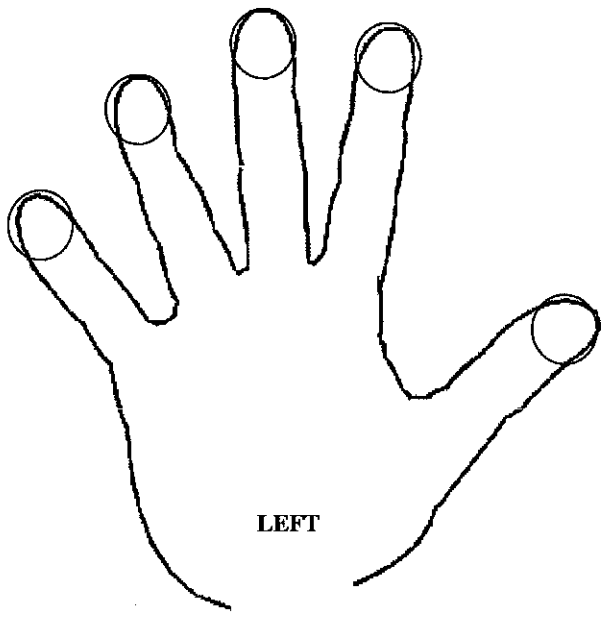
Front | Back

Please indicate any identifying marks (birthmarks, scars, etc.)

Please Describe features:

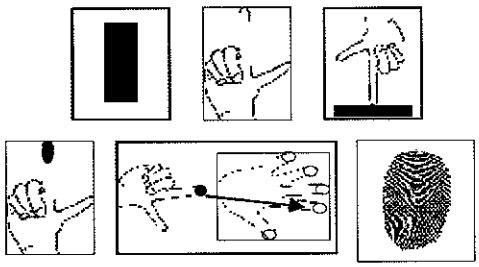
Finger Prints

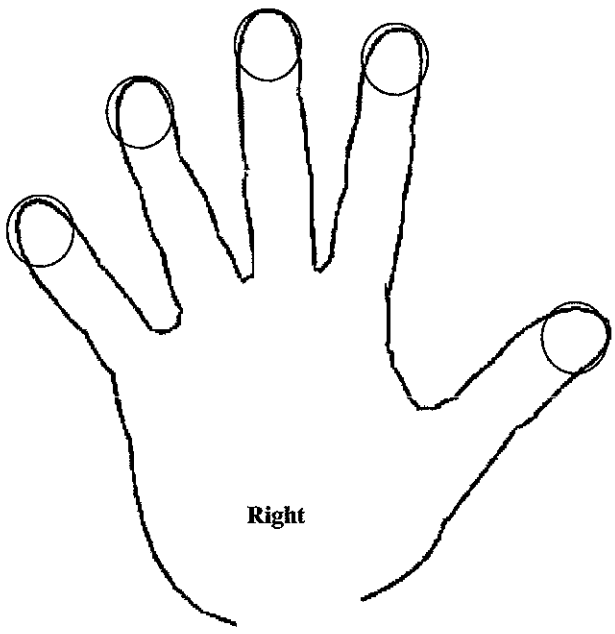




LEFT

Finger Prints





Right