Fingers must be fully inked and rolled. Improperly taken prints are of no value for identification. Right four fingers taken simultaneously. Little R. Little Ring Ring œ L. Thumb Middle Middle R. Thumb œ Left four fingers taken simultaneously. Index L. Index œ Thumb Thumb œ



Also see brochures SHP-127 Amber Alerts and SHP-717 Endangered Person Advisory for more information. www.statepatrol.dps.mo.gov

Missouri State Highway Patrol 1510 East Elm Street • Jefferson City, MO 65101 573-751-3313 SHP-738 D 8/21

Check (X) What Applies

Complexion	Hair
☐ Light ☐ Medium ☐ Dark ☐ Ruddy ☐ Freckles	☐ Black ☐ Blond(e) ☐ Brown ☐ Red
☐ Dimples ☐ Other	Build
Eyes	☐ Slender ☐ Medium ☐ Heavy
☐ Black ☐ Blue	Devices
☐ Brown ☐ Gray ☐ Green ☐ Hazel	☐ Glasses ☐ Contacts ☐ Prosthetic ☐ Other
Height & Weight	;
	At Age Feet Inches Weight
Birthmarks	
Scars & Marks	
☐ Pierced Ears ☐ Tattoos ☐ Bites Nails ☐ Scars ☐ Marks Where?	

Alergies		
Eating Habits		
☐ Good ☐ Poor Favorite Foods:		
Foods Disliked:		
Teeth		
☐ Permanent Teeth ☐ Filings Where?		
Caps? Where?		
Missing Teeth? Where?		
Broken Bones Where?		
Blood Type Where?		
X-Rays On File At:		

Identification Records

Complete this form and keep it in a safe place.

Name:	Date:
	Phone:
Nickname:	
	Sex: Race:
Place of Birth: (city) (state) (hospital) School(s) attended:	
School(s) attended: (names) (addre	
Parent's or Guardian's Name:	esses)
	Phone:
	ersonal characteristics below:
Disabilities?	ent, etc.)
Serious illnesses requiring speci	
(illness)	(special medication)
nocondo ano on filo:	and dentist where medical and dental
Tecords are on the.	
Hobbies, favorite pastimes, and	places person likes to visit:
·	might provide a "lead" on the missing
·	
·	
·	
person:	
Friends and acquaintances who person: Add any other identifying informa	
person:	
person:	ation: Place recent