Fingers must be fully inked and rolled. Improperly taken prints are of no value for identification. Little R. Little Ring Ring œ Middle Middle œ Index L. Index œ Thumb Thumb œ Produced by:
Public Information & Education Division Missouri State Highway Patrol
SHP-738 C 3/12



Also see brochures SHP-127 Amber Alerts and SHP-717 Endangered Person Advisory for more information.



Right four fingers taken simultaneously.

L. Thumb

R. Thumb

Left four fingers taken simultaneously.

Check (✓) What Applies

Complexion	Hair
☐ Light☐ Medium☐ Dark☐ Ruddy☐ Freckles☐	☐ Black ☐ Blond(e) ☐ Brown ☐ Red
☐ Dimples ☐ Other	Build
Eyes	☐ Slender ☐ Medium ☐ Heavy
☐ Black	Devices
☐ Blue ☐ 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?	

AI	Alergies		
	ating Habits Good Poor Favorite Foods:		
	Foods Disliked:		
	Permanent Teeth Filings Where?		
	Caps? Where?		
	Missing Teeth? Where?		
Bı	roken Bones Where?		
ВІ	ood Type Where?		
	Rays		

Identification Records

Complete this form and keep it in a safe place.

	Date:
	Phone:
Nickname:	
Date of Rirth:	Sey: Race:
Place of Birth: (city) (state) (hospit School(s) attended:	กิ
School(s) attended: (hospit	addresses)
Parent's or Guardian's Name	addresses) :
Address:	Phone:
Record physical and	personal characteristics below:
	•
Disabilities?(limp, speech impe	diment, etc.)
Serious illnesses requiring sp	ecial medication?
(illness)	(special medication)
noconde ano on filo:	tor and dentist where medical and dental
Hobbies, favorite pastimes, a	and places person likes to visit:
Friends and acquaintances wl	ho might provide a "lead" on the missing
	rmation: Place recent
person:	