



BALDWIN COUNTY SHERIFF'S OFFICE CHILD ID PROGRAM

SPONSORED BY BALDWIN EMC

BALDWIN



Your Touchstone Energy[®]
Cooperative 

INFORMATION WILL NOT BE STORED IN ANY DATABASE! FINGERPRINTS & PICTURES WILL BE AUTOMATICALLY DELETED ONCE PRINTED.

FIRST, MIDDLE, LAST NAME: _____

NICKNAME: _____

PARENT/GUARDIAN: _____

GENDER: ___ HEIGHT: ___ WEIGHT: ___ EYE COLOR: ___ HAIR COLOR: ___

GLASSES YES OR NO: ___ RACE FOR IDENTIFICATION: _____

BIRTHDAY: _____

DISTINGUISHING MARKS: _____

OTHER HEALTH CONSIDERATIONS: _____

PRIMARY & ALTERNATE PHONE: _____

ADDRESS: _____ **ZIP** _____