



# Child Identification Program Information Collection Sheet

## CHILD INFORMATION

NAME: \_\_\_\_\_

NICKNAME IF ANY: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ (MMDDYYYYY i.e. 08012006)

PLACE OF BIRTH: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_

MO: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

GENDER MALE FEMALE

RACE: ASIAN BLACK HISPANIC NATIVE AMERICAN UNKNOWN CAUCASIAN

EYE COLOR: BLACK BLUE BROWN GREEN GRAY HAZEL MAROON  
PINK MULTICOLORED UNKNOWN

HAIR COLOR: BALD BLACK BLUE BLONDE OR STRAWBERRY BROWN GREEN ORANGE  
PURPLE PINK WHITE RED OR AUBURN UNKNOWN

HEIGHT: \_\_\_\_\_ feet \_\_\_\_\_ inches

WEIGHT: \_\_\_\_\_ pounds

DISTINGUISHING MARKS:  
(i.e., Scars, moles, etc) \_\_\_\_\_

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## PARENT INFORMATION

NAME OF PARENT/LEGAL GUARDIAN

(Please note: if you would like both father and mothers name to appear on the printout put both names on fathers line(i.e. Jack & Jill Uphill).

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_

FATHER'S WORK: \_\_\_\_\_

MOTHER'S WORK: \_\_\_\_\_

**OVER**

ADDITIONAL INFORMATION

CHILD'S DOCTOR: \_\_\_\_\_

DR PHONE #: \_\_\_\_\_

DOCTOR'S CITY & STATE: \_\_\_\_\_

MEDIAL NEEDS: YES NO

IF YES PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_

DENTIST PHONE #: \_\_\_\_\_

DENTIST CITY & STATE: \_\_\_\_\_

KNOWN CLUBS & ASSOCIATIONS \_\_\_\_\_

EMERGENCY CONTACT:  
(please note: recommend using someone besides parent such as grandparent, aunt, uncle, etc)

EMERGENCY NAME: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

Disclaimer: This form has been downloaded from the MOCHIP Web site (www.mochip.org). The Missouri Masonic Children's Foundation is not responsible for the privately collected information assembled on this form. Please take extreme care to secure this sensitive information both prior to and after the MOCHIP event.