

Hobart Police Department  
Child I.D. Program / D.A.R.E. Program  
PLEASE PRINT LEGIBLY

Child's Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex / M \_\_\_\_\_ / F \_\_\_\_\_ Height Inches: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: Black / Brown / Lt. Brown / Dark Brown / Blonde  
Red / Red - Blonde

Eye Color: Black / Brown / Green / Gray / Hazel / Violet

Address: \_\_\_\_\_  
Number Street Apt #  
\_\_\_\_\_  
City State Zip Code

Parent / Guardian: \_\_\_\_\_  
First Middle Last

Home Phone: \_\_\_\_\_ Work / Cell: \_\_\_\_\_

By my signature, I attest that I am the legal guardian of the child named above. I further understand that by my providing this information, the Hobart Police Department is in no way responsible for its accuracy. I understand that this information will only be used to identify the above named child in the event that the child becomes missing, and that no other use of the photos and accompanying information is authorized.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_