

# Suffolk Sheriff's Office

Sheriff E.C. Harris



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Suffolk Virginia Sheriff's Office

## Suffolk Sheriff's Office

150 N. Main St. Suffolk, VA. 23434 Phone 757-514-7840

Please print clearly.

Child's First Name	
Middle Name	
Last Name	
Nick Name	
Parent/Guardian Name	
Gender	
Height	
Weight	
Eye Color	
Hair Color	
Glasses	
Race	
Date of Birth	
Distinguishing Marks	
Other Health Considerations	
Primary Phone Number	
Address	
Zip	
City	
State	

***We do not keep any data. The parent is the only one with the information once completed.***

Print Name of Child: \_\_\_\_\_ Age of Child \_\_\_\_\_

Print parent/guardian \_\_\_\_\_

I'm the parent or Guardian of this child and give my full permission for him/her to participate in the Child Identification Program. I understand that I will be given the sole copy of all identification material which I will own and which will remain under my control.

Date \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

The Suffolk Sheriff's Office likes to share with the community that we make this program available to everyone. Please allow us to share any photos taken on the Suffolk Sheriff's Office Facebook page as well as the name of the child in the photograph.

Yes, I give permission.

No, thank you.

Date \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_



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