



Please Print Clearly.

We do not keep any data.

The parent is the only one with the record when completed.

Childs 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	

5 video Interview Questions

What is your Name? _____

What is your best friends name? _____

How do you get home from school? _____

Where is your favorite place to play? _____

Where do you like to go when you are upset? _____

The CD you receive can be viewed on any computer containing a CD drive. In the event your child is missing give the completed CD to the responding police agency. Keep the CD in your sock drawer. When your child goes anyplace take or send the CD with you. You can email the PDF form to the location your child may be staying.

Print Name of Child: _____ Age: _____

Print name of parent or 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 or guardian: _____

SD  CHIP

South Dakota Child Identification Program

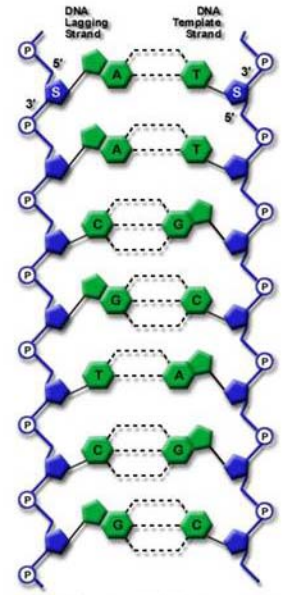
CHILD

REGISTRATION

STATION

SD CHIP

South Dakota Child Identification Program



DNA

SWAB

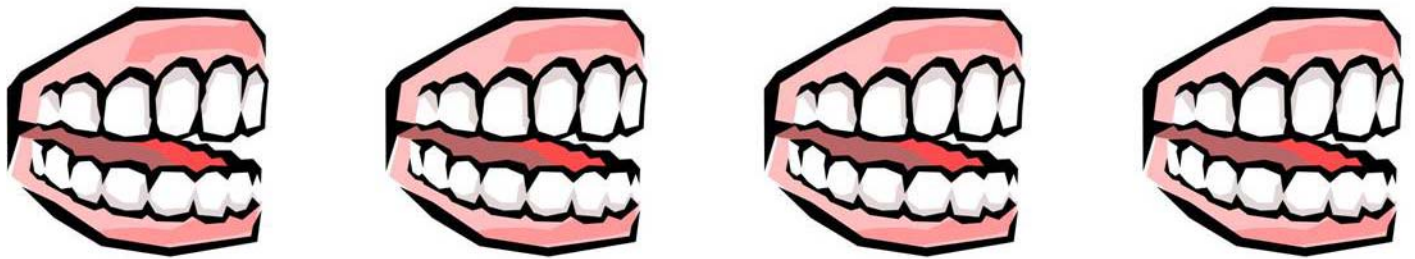
STATION

SD  CHIP

South Dakota Child Identification Program



BITTE PLATE



STATION

CHILD ID EVENT

Hosted By:

SD



CHEITP



South Dakota Child Identification Program

SD



CEIIP



South Dakota Child Identification Program

DIGITAL FINGERPRINTS

DIGITAL PHOTO

DIGITAL VIDEO INTERVIEW