



**This photo will be used only for identification purposes in case of an emergency.**

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Any Identification Marks

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Resident's County

\_\_\_\_\_  
Resident's Parent/Guardian/Caseworker

\_\_\_\_\_  
Office Number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Emergency Number

\_\_\_\_\_  
Signature of Resident OR Parent/Guardian/Caseworker

\_\_\_\_\_  
Signature of Witness

**OFFICE USE ONLY**

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Death Date: \_\_\_\_\_

Burial Date: \_\_\_\_\_

Discharge Location: \_\_\_\_\_

Marriage Location: \_\_\_\_\_

Death Location: \_\_\_\_\_

Burial Location: \_\_\_\_\_