

CIVILIAN APPLICATION FOR PERSONAL IDENTIFICATION CARD

Card No. _____

Name _____ Age _____ Birthdate ____/____/____
(Last Name) (First) (Middle)

Address _____ City _____ State _____

Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Complexion _____

Blood Type _____ Social Security No. _____ Religion _____ Occupation _____

Allergies _____ Emergency Phone No. _____

Medical Alert _____ Emergency Phone No. _____

Emergency Instructions _____ Your Phone No. _____

OFFICIAL USE ONLY



Type Proof Shown (1) _____

(2) _____

Applicant's
Signature X _____
To be signed before issuing officer

Date of Issue _____

Issuing Officer _____

INSTRUCTIONS FOR COMPLETING I.D. APPLICATION FORM

All spaces on the application must be filled out completely. Crossed out spaces or incomplete applications will not be accepted. All information must be typed or printed.

Two types of identification will be required when application is presented. One must be your birth certificate.

The address on the application must be current. If your address should change, notify the department as soon as possible.

EMERGENCY INSTRUCTIONS - The information you give could save your life. Be complete!

Allergies - Specify types such as Penicillin, Bee Stings, etc.

Medical Alert - Specify condition (Diabetic, Heart Condition, Epilepsy, etc.)

Blood Type - Check your family physician or your local Red Cross office, if you've given blood. Be certain of type. If you are in doubt of any information requested, consult the office before filling out the application.

Emergency Instructions - Supply any important information such as medication you may carry for a particular condition, your doctor's name and phone number, or an individual to be contacted in the event of an emergency.

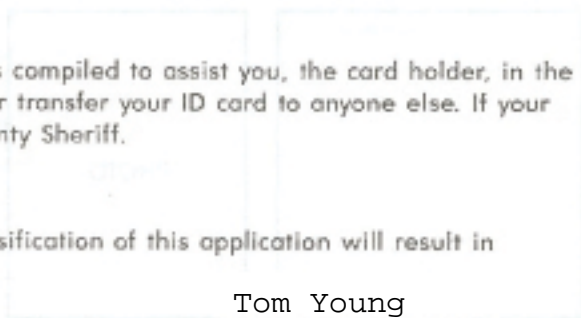
Fingerprints will be taken by issuing officer.

All information on the application will be treated as confidential. It is compiled to assist you, the card holder, in the event of an emergency. DO NOT UNDER ANY CIRCUMSTANCES loan or transfer your ID card to anyone else. If your card is lost or stolen, report it at once to the Office of the Tioga County Sheriff.

WARNING

Misrepresentation, misuse or unauthorized use of this card or any falsification of this application will result in criminal prosecution.

Signature: X _____



Tom Young
SHERIFF TIOGA COUNTY