Personal Profile

Name: _____

DOB: ____/____/_____ **Height:** ____" **Weight:** _____ **Blood Type:** _____

Hair: _____ **Eye:** _____ **Left/Right Handed:** _____

Scars, Marks: _____

Glasses, Braces, Other:_____

Allergies/Medications: _____

Mother's Name: _____

Father's Name:_____

Place a Photo Here

Date of Photo: _____

FINGERPRINTS

R. Thumb	R. Index	R. Middle	R. Ring	R. Little
L. Thumb	L. Index	L. Middle	L. Ring	L. Little

Left Four Fingers	L. Thumb	R. Thumb	Right Four Fingers

The U.S. Marshals Service Supports Child Safety

Form USM-382
Est. 10/03