



**OTTAWA COUNTY SHERIFF'S OFFICE CHILD SAFETY FINGERPRINT ID CARD CONSENT FORM**

**CHILD'S FULL NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX : Male / Female** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_

**HAIR COLOR (please circle one): Bald, Black, Blonde, Brown, Gray, Red** \_\_\_\_\_

**EYE COLOR (please circle one): Black, Blue, Brown, Gray, Green, Hazel, Red** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **Wears Glasses/Contacts: Y / N** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BEING THE PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR CHILD I AM AUTHORIZED AND DO HEREBY GIVE MY CONSENT FOR THE ABOVE LISTED MINOR CHILD IN MY CUSTODY TO OBTAIN A CHILD SAFETY FINGERPRINT ID CARD FROM THE OTTAWA COUNTY SHERIFF'S OFFICE**

**PARENT/GUARDIAN/CUSTODIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN/CUSTODIAN PRINTED NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**\*\*\*RECOMMENDED TO UPDATE ANNUALLY\*\*\***