

Grand Lodge Free & Accepted Masons in the State of New York

Masonic Safety Identification Program

www.nymasonicsafetyidprogram.org



Please clearly print all information on Person undergoing ID:

First Name: _____ Date: _____

Middle Name: _____ Gender: M / F

Last Name: _____ Height: Ft.: _____ In.: _____

Nick Name: _____ Weight: _____

Parent / Guardian Name: _____
(Please Print)

Circle one from each Category Below:

Eye color: Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multicolor, Pink, Unknown

Hair Color: Black, Blond, Blond/Strawberry, Brown, Gray, Red/Auburn, Sandy, White, Green, Orange, Purple,
Pink, Blue, Bald, Unknown

Glasses: Y or N

Race: Black, White, American Indian, Alaskan Native, Asian, Pacific Islander, Other, Unknown

Blood Type: Apos, Aneg, ABpos, ABneg, Bpos, Bneg, Opos, Oneg, UNKNOWN

Date of Birth: _____

Distinguishing marks: _____

Other Notes & Health Considerations: _____

Primary Phone Number: (____) _____

Alternate Phone Numbers: (____) _____; (____) _____

Street Address: _____ Zip Code: _____

City: _____ State: _____

Please read the following paragraph as it contains very important information:

The CD you received can be viewed on any computer equipped with a CD drive. Please take time to view the information contained on this disc. It includes safety information applicable to the age group of the individual undergoing the ID Procedure. Please print out a copy of the authorization to release form and keep it with the CD. In the event your child is missing give the completed authorization form and CD to the responding police agency. Keep the authorization and CD in your sock drawer. When your child goes anyplace take or send the CD and authorization form. This CD is free but could be priceless.

Print Name of individual undergoing ID: _____ **Age:** _____

As Parent or guardian of this child I give my full permission for him / her to participate in the NY Masonic Safety ID 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:** _____