POLK COUNTY SHERIFF'S DEPARTMENT

1005 W. Main St., Suite #900
Balsam Lake, WI 54810
(715) 485-8300

NAME_____ DATE OF BIRTH_____

SEX_____ RACE_____ EYE COLOR_____ BLOOD TYPE____

YEAR_____	**YEAR_____**	**YEAR_____**	**YEAR_____**
HEIGHT_____	**HEIGHT_____**	**HEIGHT_____**	**HEIGHT_____**
WEIGHT_____	**WEIGHT_____**	**WEIGHT_____**	**WEIGHT_____**
HAIR_____	**HAIR_____**	**HAIR_____**	**HAIR_____**
GLASSES Y/N	**GLASSES Y/N**	**GLASSES Y/N**	**GLASSES Y/N**
BRACES Y/N	**BRACES Y/N**	**BRACES Y/N**	**BRACES Y/N**
DENTIST NAME	**DENTIST NAME**	**DENTIST NAME**	**DENTIST NAME**
_____	_____	_____	_____
_____	_____	_____	_____
SCARS_____	**SCARS_____**	**SCARS_____**	**SCARS_____**
_____	_____	_____	_____
_____	_____	_____	_____
DISIBILITIES	**DISIBILITIES**	**DISIBILITIES**	**DISIBILITIES**
_____	_____	_____	_____
_____	_____	_____	_____
HOBBIES	**HOBBIES**	**HOBBIES**	**HOBBIES**
_____	_____	_____	_____
_____	_____	_____	_____
OTHER	**OTHER**	**OTHER**	**OTHER**
_____	_____	_____	_____
_____	_____	_____	_____

KIDS
IDENTIFICATION
DNA
SYSTEM