

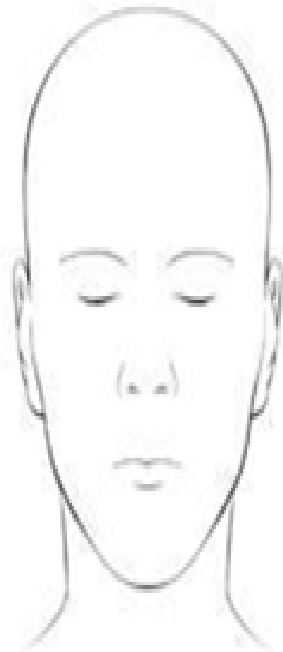
# PHYSICAL IDENTIFICATION FORM

NAME: \_\_\_\_\_ DOC#: \_\_\_\_\_ DATE: \_\_\_\_\_

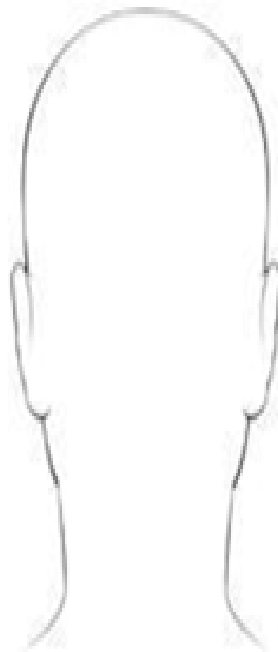
GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_

Indicate placement of identifying marks on diagram. Write comments next to the relevant body area to provide a description of scars, marks, tattoos, deformities and amputations.

FRONT



BACK



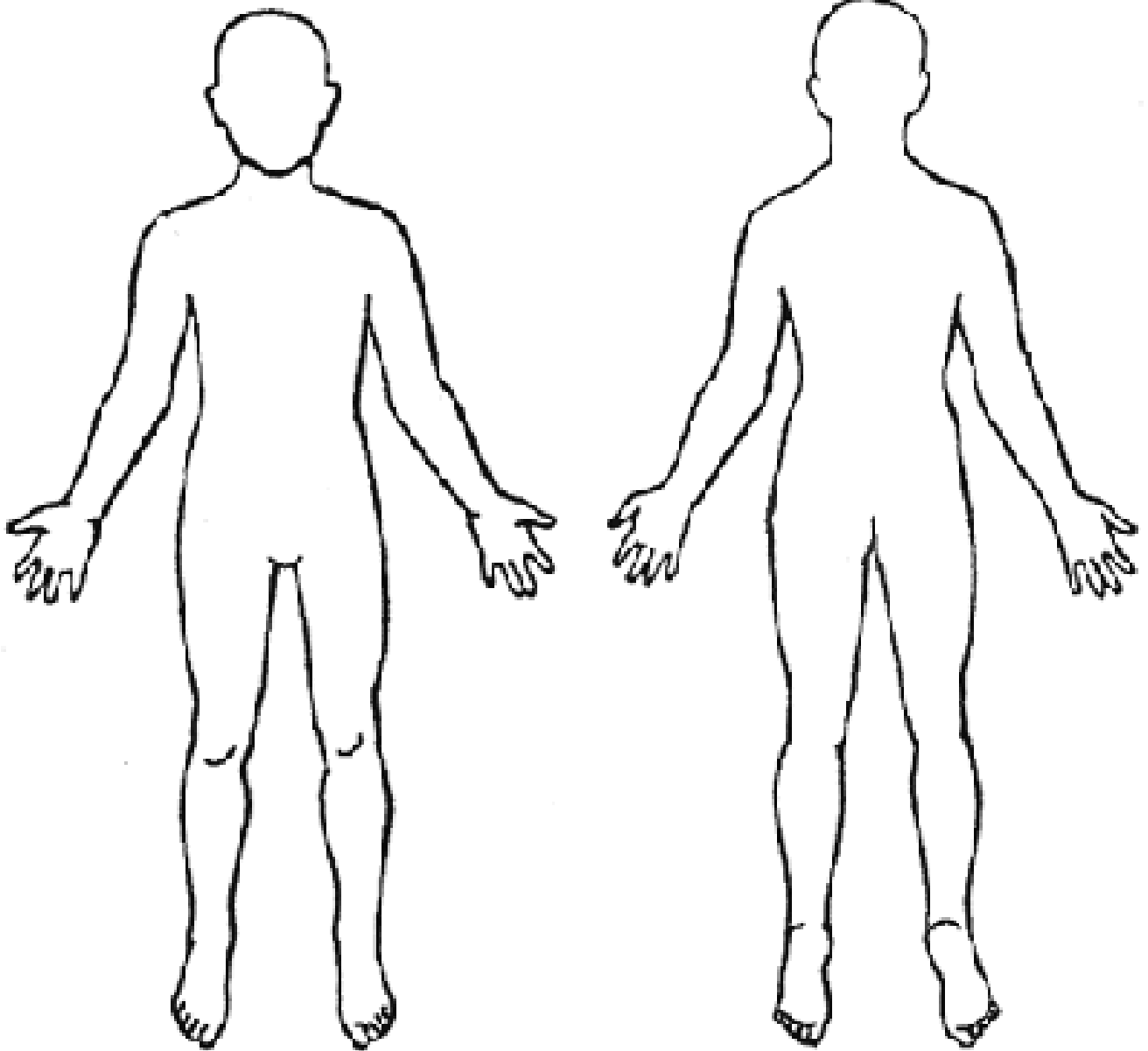
PALM



TOP



NAME: \_\_\_\_\_ DOC#: \_\_\_\_\_ DATE: \_\_\_\_\_



Staff Signature: \_\_\_\_\_

DOC 040115A (R 4/19)