



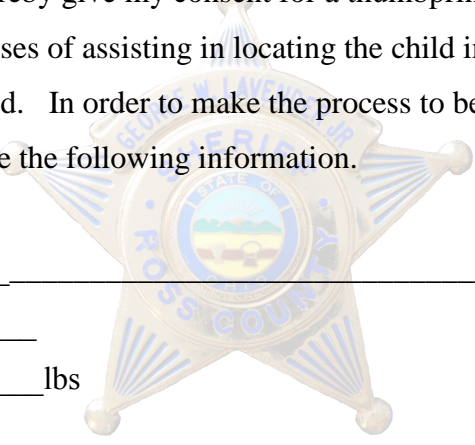
**Office of Ross County Sheriff**

**GEORGE W. LAVENDER, JR., SHERIFF**  
ROSS COUNTY-CHILLICOTHE  
LAW ENFORCEMENT CENTER  
28 NORTH PAINT STREET  
CHILLICOTHE, OHIO 45601

Emergency.....911  
Service Calls.....773-1185  
Civil Division & Records..773-1186  
Sheriff .....773-1186  
Jail & Jail Records .....773-1187  
Detective Bureau .....773-1188  
Fax .....(740) 773-1248

**Ross County Ohio Sheriff's Office  
Parental Consent Form  
For Kid Print Identification Cards.**

I, \_\_\_\_\_ (please print) being the parent or legal guardian of this child, hereby give my consent for a thumbprint and photograph be taken of my child for the purposes of assisting in locating the child in the event of the child becoming lost or abducted. In order to make the process to be completed more efficiently, please provide the following information.



Child's Name: \_\_\_\_\_ (Please Print Clearly)

Child's Height: \_\_\_\_\_

Child's Weight: \_\_\_\_\_ lbs

Child's Eye Color: \_\_\_\_\_

Child's Hair Color: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Disclaimer: This information is confidential and will be stored at the Ross County Ohio, Sheriff's Office. In the event of a missing child this information will be shared with law enforcement personnel or other authorized persons.*