

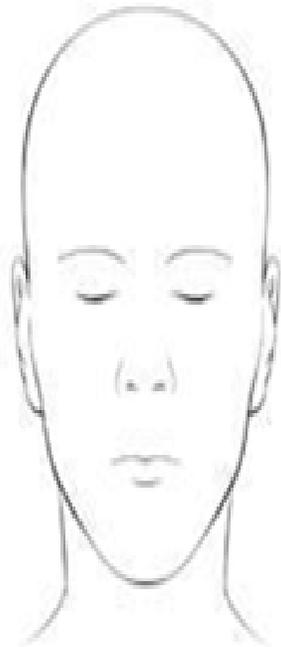
PHYSICAL IDENTIFICATION FORM

NAME: _____ DOC#: _____ DATE: _____

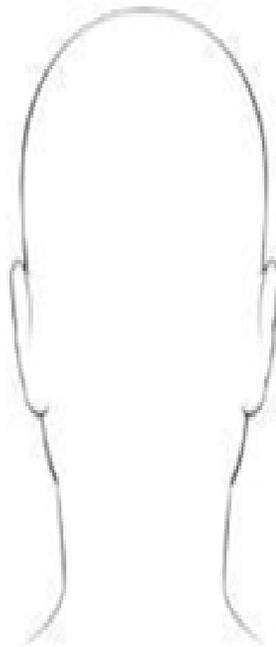
GENDER: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ RACE: _____

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.

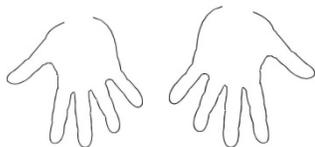
FRONT



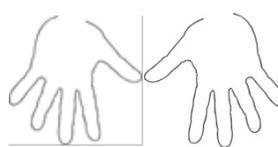
BACK

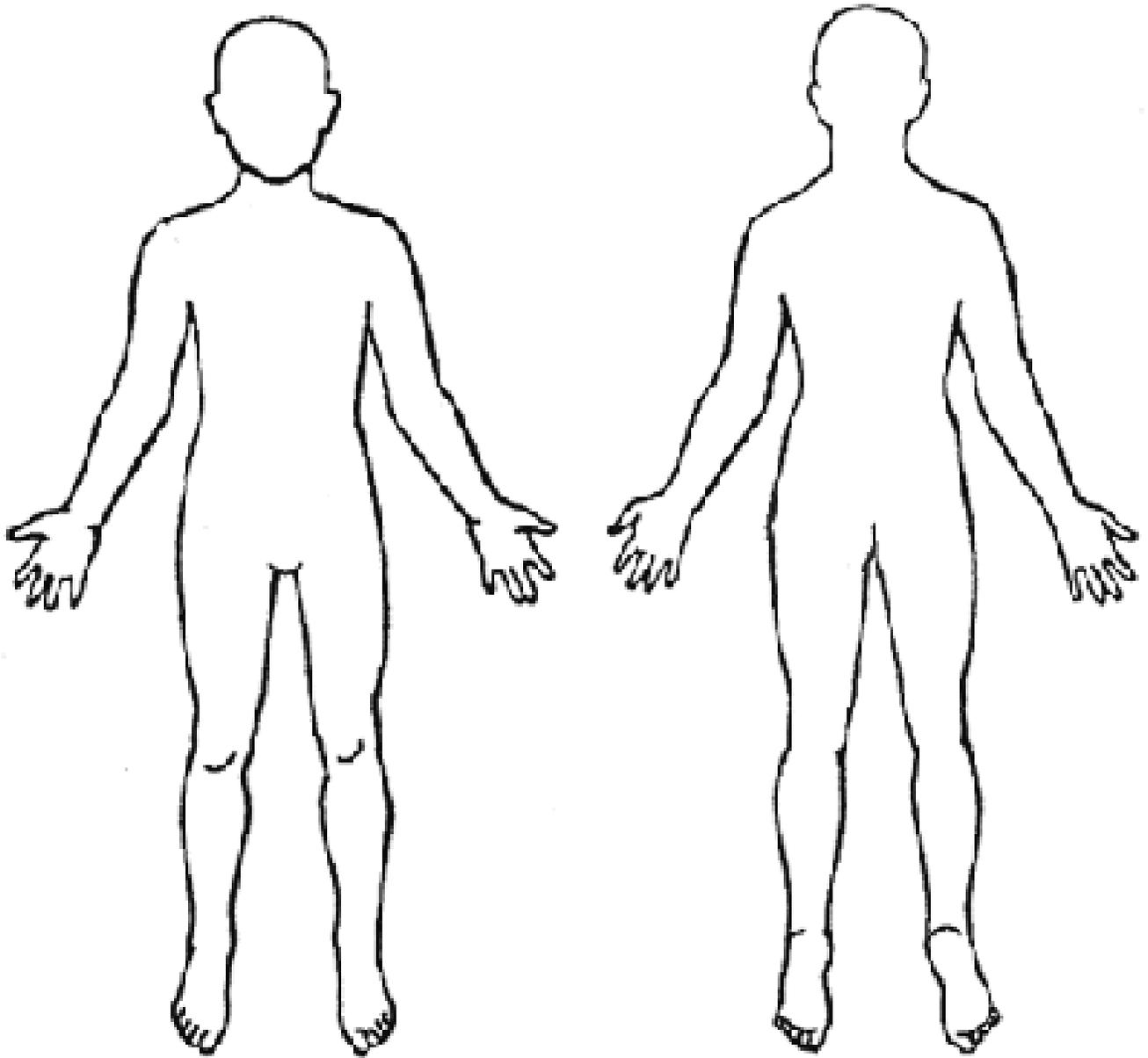


PALM



TOP





Staff Signature: _____

DOC 040115A (R 6/15)