



Grand Lodge of Massachusetts Child ID Program
www.mychip.org

Please Print Clearly
We do not keep any data.
All data is erased.

The Parent is the only one with the record when completed.

Child's First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name	Height _____ Feet _____ Inches
Last Name	Weight
Nickname	Eye Color
Parent/Guardian Name	Hair Color
Child's Date of Birth	Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Phone Number	Race
Address	Distinguishing Marks
City	
State	
Zip Code	
Other Health Considerations	

RETURN THIS SHEET TO PARENT ON COMPLETION OF INTERVIEW.