



**SAFE
SURFIN'
FOUNDATION**

EZ-ID



— Vital Information Form —

****Note**** The Safe Surfin' Foundation and Moose International respect your family's privacy. *This confidential information is not saved or recorded in any way.* This form is returned to you and should be stored in a safe place or disposed of properly, (i.e., shredded).

Please PRINT all information clearly:

Subject's LAST NAME: _____

Subject's FIRST NAME: _____ Subject's MIDDLE NAME: _____

Suffix: _____ Subject's NICKNAME: _____

GENDER: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

RACE: _____ DATE OF BIRTH MM/DD/YYYY: _____ / _____ / _____

ANY DISTINGUISHING MARKS: _____

OTHER NOTES AND HEALTH CONDITIONS: _____

PARENT OR GUARDIAN: _____

PRIMARY PHONE # _____ CELL PHONE # _____

ALTERNATE PHONE # _____ ALTERNATE PHONE # _____

ADDRESS: _____

ZIP CODE: _____ CITY _____ STATE: _____

TODAY'S DATE: _____

LOCATION: _____



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SafeSurfin.org

Safe Surfin' Foundation is a 501(c)(3) non- profit organization founded 1998