

**Grand Lodge Free & Accepted Masons in the State of New York  
Masonic Safety Identification Program**

[www.nymasonicsafetyidprogram.org](http://www.nymasonicsafetyidprogram.org)



**Please clearly print all information on person undergoing ID:**

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Gender: M / F

Last Name: \_\_\_\_\_ Height: Ft.: \_\_\_\_\_ In.: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_  
(Please Print)

**Circle One From Each Category Below:**

- **EYE COLOR:** Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multicolor, Pink, Unknown
- **HAIR COLOR:** Black, Blond, Blond/Strawberry, Brown, Gray, Red/Auburn, Sandy, White, Green, Orange, Purple, Pink, Blue, Bald, Unknown
- **GLASSES:** Y or N
- **RACE:** Black, White, American Indian, Alaskan Native, Asian, Pacific Islander, Other, Unknown
- **BLOOD TYPE:** Apos, Aneg, ABpos, ABneg, Bpos, Bneg, Opos, Oneg, UNKNOWN

Date of Birth: \_\_\_\_\_

Distinguishing marks: \_\_\_\_\_

Other Notes & Health Considerations: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Alternate Phone Numbers: (\_\_\_\_) \_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Please read the following paragraph as it contains very important information:**

The CD you received can be viewed on any computer equipped with a CD drive. Please take time to view the information contained on this disc. It includes safety information applicable to the age group of the individual undergoing the ID Procedure. Please print out a copy of the authorization to release form and keep it with the CD. In the event your child is missing give the completed authorization form and CD to the responding police agency. Keep the authorization and CD in your sock drawer. When your child goes anyplace take or send the CD and authorization form. This CD is free but could be priceless.

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**Print Name of Individual Undergoing ID:** \_\_\_\_\_ **Age:** \_\_\_\_\_

As Parent or guardian of this child I give my full permission for him / her to participate in the NY Masonic Safety ID Program. I understand that I will be given the sole copy of all identification material, which I will own and which will remain under my control.

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_