

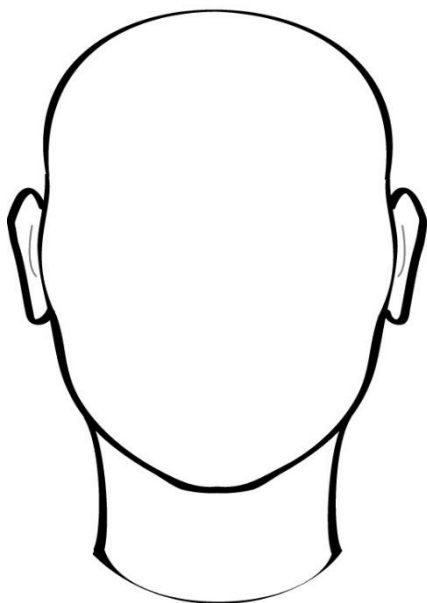
## PHYSICAL IDENTIFICATION FORM

NAME: \_\_\_\_\_ ODOC#: \_\_\_\_\_ DATE: \_\_\_\_\_

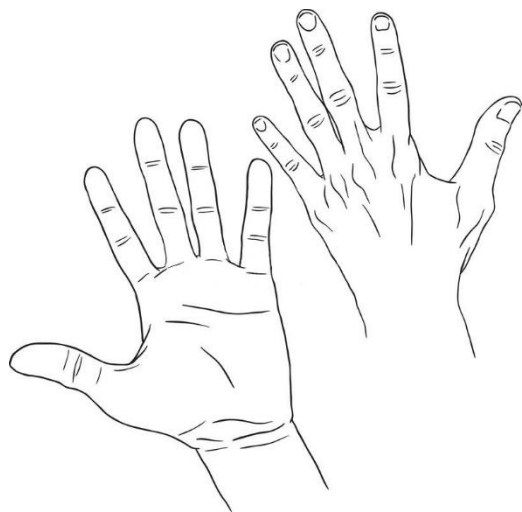
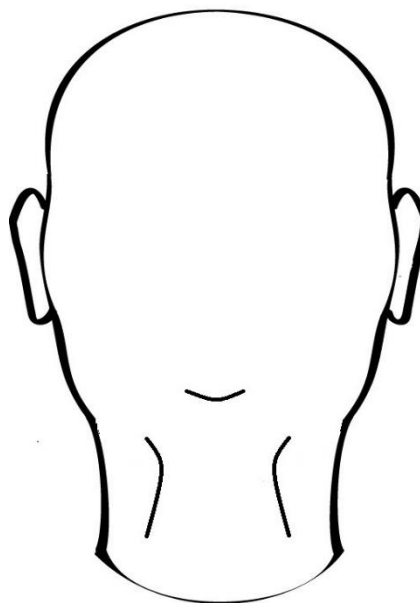
GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_

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.

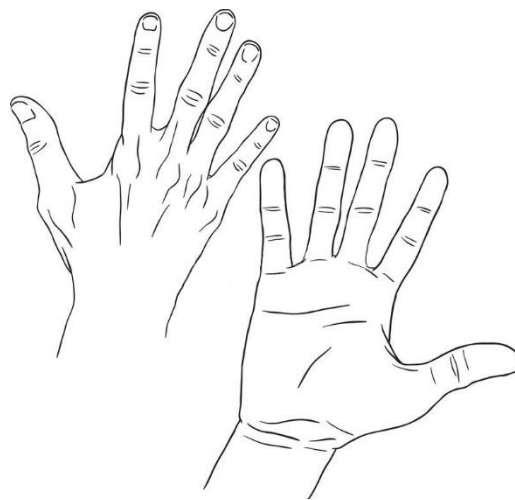
FRONT



BACK

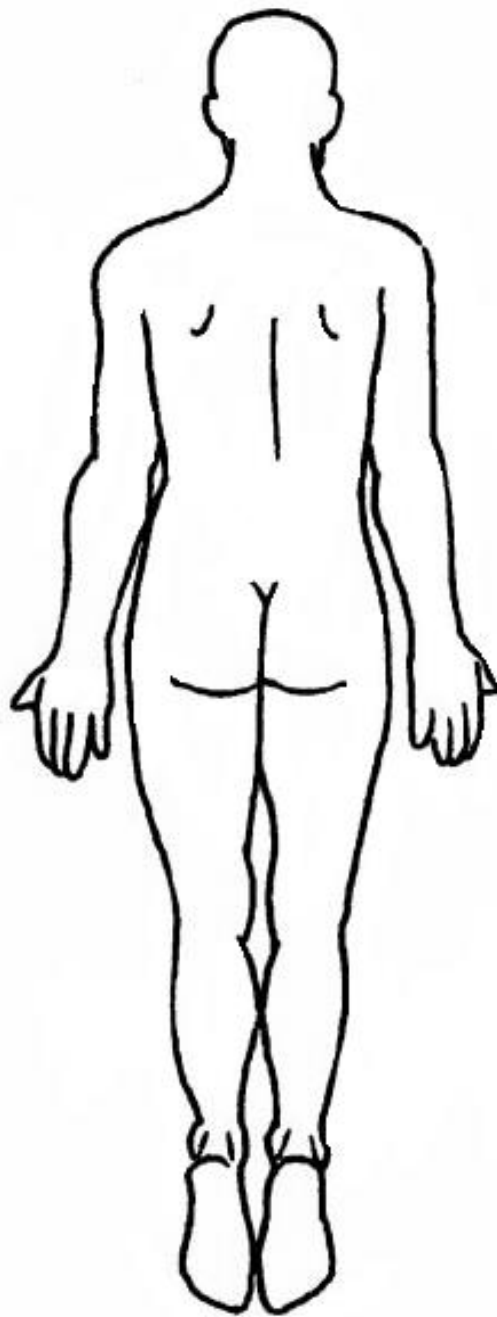
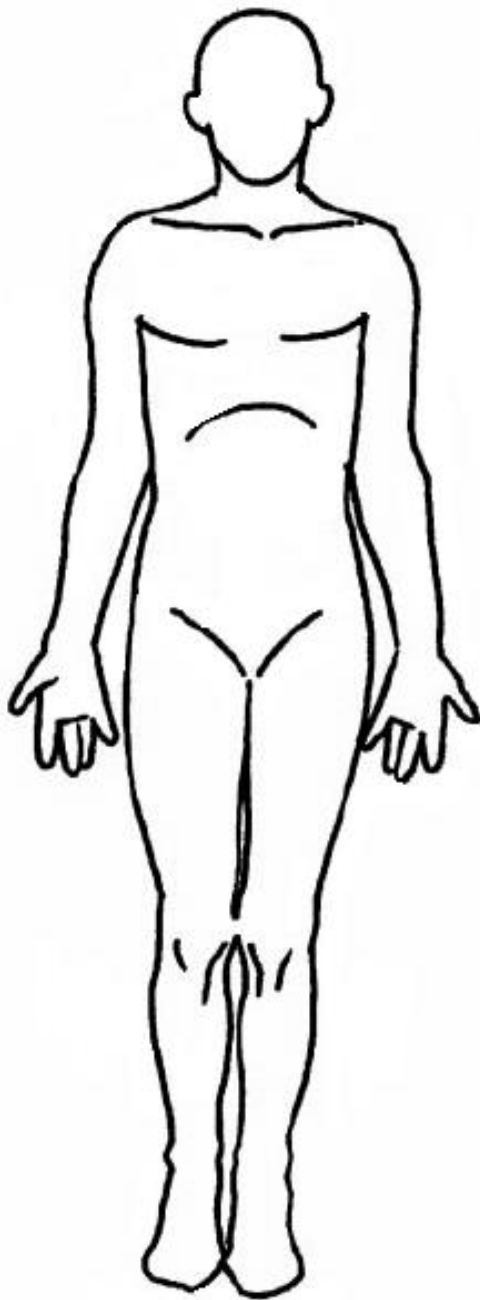


Left



Right

NAME: \_\_\_\_\_ DOC#: \_\_\_\_\_ DATE: \_\_\_\_\_



\_\_\_\_\_  
Staff name (printed)

\_\_\_\_\_  
Signature