

# NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT INFORMATION CLEARLY

DATE \_\_\_\_\_

LAST NAME\* \_\_\_\_\_  
FIRST NAME\* \_\_\_\_\_

GENDER (CIRCLE ONE) MALE FEMALE

DATE OF BIRTH \_\_\_\_\_

SS# \_\_\_\_\_

## R.A.C.E.S. EMBLEM

CALL LETTERS \_\_\_\_\_

HOME ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL # 1 \_\_\_\_\_

EMAIL # 2 \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

EYES \_\_\_\_\_

HAIR \_\_\_\_\_

SIGNATURE\* \_\_\_\_\_

CHIEF'S SIGNATURE\* \_\_\_\_\_

\* required information

### HEALTH & MEDICAL INFORMATION

EMERGENCY CONTACT PERSON \_\_\_\_\_

CONTACT'S PHONE \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

ORGAN DONOR  YES  NO

ALLERGIES  YES (list)  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL HISTORY PLEASE CHECK THOSE THAT APPLY

DIABETIC

HIGH BLOOD PRESSURE

HEART

SEIZURES

OTHER - PLEASE LIST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ONLY SHADED INFORMATION WILL BE VISIBLE ON CARD

PLEASE CALL THE OFFICE FOR APPOINTMENT - WALK-INS ARE NOT ACCEPTABLE.

438-3176 or 438-3171

# R.A.C.E.S. ONLY