

Grand Lodge Free & Accepted Masons in the State of New York



Masonic Safety Identification Program

www.nvmasonicsafetyidprogram.org

REGISTRATION FORM



Today's Date: _____

Please clearly print all information on the Participating Individual:

First Name: _____

Middle Name: _____

Last Name: _____

Nick Name(s): _____

Custodial Parent(s) / Guardian(s) Name: _____

Gender: M F Height: Feet: _____ Inches: _____ Weight: _____

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: A pos, A neg., AB pos, AB neg., B pos., B neg., O pos., O neg., UNKNOWN

Date of Birth: _____ Distinguishing marks: _____

Other Notes & Health Considerations: _____

Primary Phone Number: (____) _____

Alternate Phone Numbers: (____) _____ (____) _____

Physical 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 the individual is missing, give the completed authorization form and CD to the responding law enforcement agency. Keep the authorization and CD in your sock drawer. When traveling please take or send the CD and authorization form. This CD is free but could be priceless.

Print Name of Participating Individual: _____ Age: _____

As Parent and/or guardian of this Individual 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: _____

Please Help Us, By Printing Legibly. Thank You !