

Salem County Sheriff's Office

Juvenile Identification Program

Please Provide the Following Information

(Print Only)

Identification Number: _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security #:** _____
Month Day Year

Height: _____ **Weight:** _____

Hair: _____ **Eyes:** _____

Phone # : _____ **Parent Signature:** _____

(For Department Use Only)

Picture

Birth Certificate Verification: _____

Social Security Card Verification: _____

Address Verification: _____

