

Subject Name:				File Date:	
File #:	R. Thumb:	R. Index:	R. Middle:	R. Ring:	R. Little:
D.O.B.					
Place of Birth:					
Current Age:	L. Thumb:	L. Index:	L. Middle:	L. Ring:	L. Little:
Sex:					
Skin Color:					
Hair Color:	Likes:		Dislikes:		
Eye Color:					
Height:					
Weight:	Phobias:		Favorite Foods:		
Shoe Size:					
Dominant Hand: Right / Left					
Dominant Eye: Right / Left	AKA:		Personality:		
Dominant Foot: Right / Left					
Citizenship:					
Language(s):	Occupation(s):		Introvert / Extrovert		
Last Known Address:			Right Brained / Left Brained		
			Glasses: Yes / No		
Mother:	Distinguishing Characteristics :		Blood Type:		
Father:			Signature:		
# of Siblings:					