

KALAMAZOO COUNTY ID CARD APPLICATION

DATE OF APPLICATION:

MM/DD/YYYY

NAME:

First Name:

Middle Name (s):

Last Name(s):

LEGAL NAME (IF DIFFERENT):

First Name:

Middle Name (s):

Last Name (s):

KALAMAZOO COUNTY ADDRESS:

Street Address

City, State

Zip Code

EMAIL (Optional):

I WOULD LIKE TO RECEIVE VIA EMAIL: Renewal Notice News from County ID Program

BIRTH DATE:

EYE COLOR:

HEIGHT (FT' IN")

MM

DD

YYYY

EMERGENCY CONTACT INFORMATION(Optional):

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

- PLEASE ADD MY NAME TO THE MICHIGAN ORGAN DONOR REGISTRY
(Date of birth will be released to Michigan Organ Donor Registry)
- I SERVE OR HAVE SERVED IN THE MILITARY OF THE UNITED STATES OF AMERICA
(U.S.A.)
- I AM REGISTERED WITH MEDICAL ALERT DUE TO A MEDICAL CONDITION
(In the event of an emergency, first responders are trained to search patient's wrist and neck for a medical ID bracelet or necklace that contains relevant medical information)

SIGNATURE:

STAFF USE ONLY

APPROVED

NOT APPROVED

STAFF INITIALS

ID CARD NUMBER

DATE

METHOD OF PAYMENT: CASH

CHECK

CREDIT/DEBIT

SCHOLARSHIP

TRANSACTION ID #