

KALAMAZOO COUNTY ID CARD INFORMATION SHEET

DATE OF APPLICATION:

NAME:

LEGAL NAME (IF DIFFERENT):

KALAMAZOO COUNTY ADDRESS:

MAILING ADDRESS IF DIFFERENT:

BIRTH DATE:

EYE COLOR:

HEIGHT (FT' IN")

EMERGENCY CONTACT INFORMATION:
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 AM A VETERAN OF THE UNITED STATES ARMED FORCES
- I AM REGISTERED WITH MEDICAL ALERT DUE TO A MEDICAL CONDITION

SIGNATURE:

STAFF USE ONLY

APPROVED NOT APPROVED STAFF INITIALS

ID CARD NUMBER DATE

METHOD OF PAYMENT: CASH CHECK CREDIT/DEBIT

SCHOLARSHIP