



# New York Life's Child ID Program



In order to participate in this event this form must be completed in its entirety.

	CHILD 1	CHILD 2
Child's First Name		
Middle Name		
Last Name		
Gender	Male / Female	Male / Female
Height (in inches)		
Weight		
Eye Color		
Hair Color		
Glasses	Yes / No	Yes / No
Race/Nationality		
Date of Birth		
Distinguishing Marks		
Other Health Considerations		

Parent(s)/Guardian's Names		
Street Address		
City/State/Zip		
Email Address		
Telephone		Alternate Telephone:

Print Name of Child1 \_\_\_\_\_ Age \_\_\_\_\_ Child2 \_\_\_\_\_ Age \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_ I am the Parent or Guardian of this child, and give my full permission for him/her to participate in the Child Identification Program. I understand that I will receive ID cards which I will own and this child's data will not be saved.

In participating I agree to provide the following information and to allowing a New York Life agent to contact me regarding the products and services listed below. **I would like to receive information about the items that I have checked or circled below:**

- College Savings       Mortgage Protection       Retirement Funding/Planning: 401(K), IRA, ROTH  
 Individual Life Insurance       Long Term Care Insurance       Business Continuation       Estate Conservation  
 Charitable Giving       Health Insurance       Children's/Grandchildren's Insurance  
 Insurance Review

Are you an existing New York Life policyholder? Yes / No       Would like a free financial consultation with NYL agent

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_