

# NEW YORK PHOTO ID WAIVER FOR MINORS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Legal Name (First, Middle, Last)                      DOB (DD/MM/YYYY)

I certify that I am the parent or legal guardian of the above-named child. This child does not have a state-issued photo identification card or other Primary Identity Document specified by the NYS Division of Criminal Justice Services.

I confirm that the child present with me is the individual named above.

Must be signed by parent or legal guardian at the time of fingerprinting at the fingerprinting site location. Do not sign the form in advance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian