



"Expect Excellence"

CITY OF AUBURN

Department of Police

James T. Slayton

Chief of Police

Timothy A. Spingler

Deputy Chief of Police

AUBURN POLICE DEPARTMENT PERSONAL I.D. CARD REQUIREMENTS

YOU **MUST** HAVE THE FOLLOWING*:

- 1) Birth Certificate (**Original or Certified Copy**)
AND
- 2) Social Security Card (**Original**)
AND
- 3) **Two** of the following (**One of which must verify current address**)

● Photo ID	● Naturalization Certificate
● Medicaid Card	● Military Discharge Papers
● Temporary Driver's License	● Payroll Stub
● Utility Bill	● Health Insurance Card
● I-94 Form / Green Card	● Passport

FEE: (CASH ONLY)

NEW IDENTIFICATION CARD: **\$30.00**

UPDATE/CHANGE EXISTING: **\$20.00** (Must Return Old Card)

NO PHOTO COPIES OF THE REQUIRED FORMS WILL BE ACCEPTED.

*** If applicant is under the age of 18 years old, a parent or guardian needs to sign in the "Parent/Guardian" signature field. If applicant is less than 16 years old, a parent or guardian must also be present at time of ID card issuance.**

WARNING!
MAKING FALSE STATEMENTS ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK

Personal Identification Card Application

(Please print clearly)

LEGAL NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE(_____) _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ SOCIAL SECURITY #: _____

GLASSES: yes () no () COMPLEXION: light () medium () dark () (check one)

IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

TELEPHONE: () _____

I have answered the above questions to the best of my knowledge and recollection and I understand that any false statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to section 210.45 of the Penal Law of the State of New York.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____
(if under 18)

FOR OFFICE USE ONLY

Witness: _____ Date: _____

Type of I.D. shown: _____

Date Issued: _____ Issued by: _____ Photo# _____