

1	2	3
4	5	6
7	8	9
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IMPORTANT INFORMATION

BELT STRIP #1

FIREMAN NUMBER: _____

POLICE NUMBER: _____

FAMILY #: _____ - _____

AREA CODE: _____

What City do I live in? _____

What State do I live in? _____

What is Mom's Name? _____

What is Dad's Name? _____