

Missing Persons Information Form

General Information

Name:	
Address:	
Phone numbers:	
Age:	DOB
Race:	Sex:
Occupation:	
Employer:	
Employer's Address:	
Phone (____) _____	Fax (____) _____
Probable Destination:	
Possible cause of absence:	
Date & time last seen:	
Where last seen:	
Car:	Year :
Make :	Model:
Doors:	Color :
Lic. Plate:	Driver's Lic, No.:
Driving records - Accidents & Citations:	
Vehicle Legal Owner:	
Auto Ins. Co	Phone (____) _____
Vehicle Legal Owner Address	

Physical Description (Note peculiarities)

Height:	Weight:	Build:
Complexion:		
Color Eyes:	Glasses:	Contact lenses:
Hair:	Part:	Length:
Moustache:	Beard:	Sideburns:
Teeth:	False	
Ears:	Eyebrows:	
Accent:		
Deformities & Scars:		
Birthmarks:	Moles:	Tattoo marks:
Forehead: High, low, bulging, broad, narrow, receding:		
Head: Short, long, broad, narrow:		
Face: Round, square, long, oval:		
Lips: Thin, thick, hair lip, pale, bright, pinched, unusual:		
Neck: Long, short, thin, thick, big Adam's apple, scrawny:		
Chin: Receding, weak, prominent, juts:		
Cheeks: Fleshy, lined, hollow, broad, round, sallow:		
Cheekbones: High, low, prominent, narrow:		
Teeth: Size, white, stained, filled, braces, broken, false:		
Shoulders: Broad, narrow, round, erect, stooped, uneven:		
Waist: Thin, fat, medium, small, tiny, round:		
Feet: Large, small, flat, club-footed, pigeon-toed:		
Legs: Short, long, straight, bowed, knock-kneed, even:		
Hands: Wide, narrow, long, short, thin, hairy, dirty:		
Fingers: Wide, narrow, long, short, gnarled, rough, fat, bony, any missing:		
Walk: Fast, slow, loping, erect,, limp, dragging:		
Dress: Loud, neat, conservative, slovenly, cheap, expensive:		
Marks & Scars: tattoos, marks, moles, scars, warts:		
Speech: Nasal, accent, loud, soft, slow, fast, stammer:		
Habits: Clean, dirty, chews gum or tobacco, smokes, drinks, nervous habits:		
Unusual Characteristics: Any peculiarities not covered above:		

Background Information

Place of birth:	
Religion:	
Former Addresses:	
1.	
2.	
3.	
Former occupations:	
Former employers & addresses:	
1.	
2.	
3.	
Former associates & address:	
1.	
2.	
3.	
Grade School Address:	
High School Address:	
College Address:	
Degree:	Year:
Correspondence Schools:	
Father's Information	
Name:	DOB: ____ / ____ / ____
Present address:	
Place of origin:	
Occupation:	
Employer & address:	
Mother's Information	
Maiden name:	DOB: ____ / ____ / ____
Place of Origin:	
Occupation:	
Present address:	
Employer & address:	

Background Information, continued

Brothers & Sisters (Address, DOB, Occupation):

1.

2.

3.

Other Relatives (Address & Occupation):

1.

2.

3.

Spouse or Significant Other:

Marital Status:

Name:

DOB: ____ / ____ / ____

Address:

Occupation:

Employer & address:

Place of origin

Children's Information (Names, DOB, Nativity, Were now):

1.

2.

3.

Former Spouse's Information:

Name:

DOB: ____ / ____ / ____

Address:

Place of origin:

Occupation:

Employer & address:

Alimony:

How much:

When sent:

Places visited:

Languages spoken:

Organizations & Clubs:

Hobbies:

Hangouts:

Financial & Business Information

Bank:	Branch:
Address:	
Checking Amount:	Savings Amount:
Contents of safety deposit box:	
Other Banks:	
Credit Cards:	
Money owed to subject by whom & amount of debt:	
Draws unemployment?	How long?
Stock Broker & Address :	
Value of stocks:	Value of Bonds:
C.P.A. & address:	
Insurance agent & address:	
Attorney & address:	
Realtor& address:	
Vehicle financed by & address:	
Phone, Water, Gas deposits:	
Pension or Relief:	
Other Income:	

Physical Condition

Mental:	
Mental Hospitals:	
Physical:	
Under M.D. or D.D.S. care:	
Special diet:	
Necessary medicines:	
Right or Left handed:	
Narcotics used:	
Smoker:	Brand:
Drinker:	Brand:

Records

Ever finger printed:	When: ____ / ____ / ____	Where:
Why:		
Value of Bonds:	Classification (If known):	
Police Record:		
When:	Where:	
Prison:	Time served:	
Crime:		
Parole records:		
Parole officer & address:		
Pistol Permit:	When Obtained: ____ / ____ / ____	
Where:	Why:	
Make:	Caliber:	Serial No:
Warrants Outstanding:		
Passports:	Visas:	
Veterinarian		
Discharge Type: Service Branch:	Rank:	
Date entered service: ____ / ____ / ____	Date Discharged: ____ / ____ / ____	
Specialization:		
Veteran Organizations:		
Registered Voter:	Where:	
P.O. Forwarding:		
Unions:		

Miscellaneous

Where do you think subject is now?	
Anyone with whom the subject might correspond?	
Any relatives or friends contacted?	
Authorities notified?	
Previously missing:	When: ____ / ____ / ____
Reported By:	Phone: () _____
Address:	
Details and Remarks:	