Reviewed by:					
N	IISSING CHILD	DATA			
Last Name:	First Name:	ZZAUA		Middle Name:	
Address:					
Home Phone:		Cell Phone	number aı	nd provider:	
Nicknames/Aliases:					
SSN:	DOB:			Race/Sex:	
Current Age:	Age Went Missing:			Appearance Age:	
Birth State:	Birth City:			Birth Hospital:	
School Name:		Address:			
Grade:		Teacher:			
HAIR	EYES:				
Color:	Color:		Appearar	nce:	
Style:	Vision Rating:		Braces:		
Length:	Glasses:		Dentist na	name:	
Facial:	Contacts:		Dentist pl	none #	
SKELETAL		•			
Stature:	Stance:			Fractures:	
Abnormalities:	X-Rays Available:			From:	
Size:	Height:			Weight:	
Right or Left Handed:	Size f	or Age:	Small 🔲 /	Average Large	
CHILD'S MEDICAL INFORMATION					
Blood Type:	Disability:				
Doctor:		Address:			
Medications:		Expires:			
Mental Health:		Treatment:			
DENTIFYING FEATURES					
Complexion:	Scars:				
Birth Marks:				Pierced Ears:	
Tattoos:	Right or Left Handed	l:			
Hearing Impaired:	Speech Impaired:			Accent:	
Abnormalities:	Other Features:				

Completed by: _____Agency:____

Fingerprints Available:					Date Taken:	
Footprints Available:					Date Taken:	
Fingerprint Class (NCIC):						
Photograph Available: Date Taken:						
DNA Available: Date Taken:						
CHILD'S CLOTHING Item Type	Style	Size	Cold	or	Description/Comments	
Coat/Jacket	•				·	
Pants/Skirt						
Shirt/Blouse						
Shoes/Socks						
Sweater						
Hat						
Jewelry/Other						
CHILD LAST SEEN E	3Y					
Namai			DOD:			
Name:			DOB:	Dhonoi	Age:	
Name: Address:			DOB:	Phone:	Age:	
Name: Address: Relationship w/Child	d:				Age:	
Name: Address: Relationship w/Child Date/Time Last See	d: n:		DOB:		Age:	
Name: Address: Relationship w/Child Date/Time Last See	d: n:				Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar	d: n: ny of:		Location Last See		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR	d: n: ny of:		Location Last See Toy:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo	d: n: ny of:		Location Last See Toy: TV Program:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets:	d: n: ny of:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places:	d: n: ny of: RMATION od:		Location Last See Toy: TV Program:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets:	d: n: ny of: RMATION od:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places: Child's Favorite Place	d: n: ny of: RMATION d:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places:	d: n: ny of: RMATION d:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places: Child's Favorite Place	d: n: ny of: RMATION d:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places: Child's Favorite Place Email Addresses: Screen Names:	d: n: ny of: RMATION d: ce to Visit:		Toy: TV Program: Favorite Clothing:		Age:	
Name: Address: Relationship w/Child Date/Time Last See Child In the Compar ADDITIONAL INFOR Child's Favorite Foo Game: Pets: Hiding Places: Child's Favorite Place COMPUTER ACCES Email Addresses:	d: n: ny of: RMATION d: ce to Visit: sites:		Toy: TV Program: Favorite Clothing:		Age:	

Gamer Tags/Id:			
Other Information Concerning Child			
	CHILE	O'S MOTH	IER
Name:		DOB:	Age:
Address:			Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer			
Biological/Step/or Adoptive:			Living or Deceased:
Criminal History:			
Other Information:			
	CHII	D'S FATH	HER
Name:	9111E	DOB:	Age:
Address:		l	Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer			1
Biological/Step/or Adoptive:			Living or Deceased:
Criminal History:			
Other Information:			
	GUAPDI	AN / FOST	TER PARENT
Name:	GUARDI	DOB:	Age:
Address:			Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer:	I .		<u>'</u>
Criminal History:			
Other Information:			

		515 I	CK		
Name:		DO	B:	Age:	
Address:		<u> </u>		Telephone #:	
SSN:	DL:			Passport #:	
Occupation/Employer:			Biological/S	step/or Adoptive:	
Other Information:					
		SIST	ER		
Name:		DO		Age:	
Address:				Telephone #:	
SSN:	DL:			Passport #:	
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Other Information:			<u> </u>		
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Name:		DO		Age:	
Address:		<u> </u>		Telephone #:	
SSN:	DL:			Passport #:	
Occupation/Employer:		Biological/S	tep/or Adoptive:		
Other Information:					
			THER		
Name:		DO	B:	Age:	
Address:				Telephone #:	
SSN:	DL:			Passport #:	
Occupation/Employer:			Biological/Step/or Adoptive:		
Other Information:					
_					
	MOTHER'S			- GRANDMOTHER	
Name:		DO	B:	Age:	_
Address:		•		Telephone #:	
SSN:	DL:			Passport #:	
Occupation/Employer: Biological/S		tep/or Adoptive:			

Other Information:			
Name:		MILY TREE - OB:	GRANDFATHER Age:
Address:			Telephone #:
SSN:	DL:		Passport #:
	DL.	Bish is 1/04 selection	,
Occupation/Employer:		Biological/Step/or	Adoptive:
Other Information:			
WO.	TUEDIA EAN	AU V TREE	ALINTO
Name:	THER'S FAN	MILY IREE - OB:	AUNTS Age:
Address:			Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer:		Biological/Step/or	
		Biological/Step/of	Adoptive.
Other Information:			
MC	TUED'S EN	MILY TREE -	ALINTS
Name:			AUNTO
Name.	ט	OB:	Age:
Address:	D	OB:	Age: Telephone #:
	DL:	OB:	
Address: SSN:			Telephone #: Passport #:
Address: SSN: Occupation/Employer:		Biological/Step/or	Telephone #: Passport #:
Address: SSN:			Telephone #: Passport #:
Address: SSN: Occupation/Employer: Other Information:	DL:	Biological/Step/or	Telephone #: Passport #: Adoptive:
Address: SSN: Occupation/Employer: Other Information:	DL:	Biological/Step/or	Telephone #: Passport #:
Address: SSN: Occupation/Employer: Other Information:	DL:	Biological/Step/or	Telephone #: Passport #: Adoptive:
Address: SSN: Occupation/Employer: Other Information: MC Name:	DL:	Biological/Step/or	Telephone #: Passport #: Adoptive: UNCLES Age:
Address: SSN: Occupation/Employer: Other Information: MC Name: Address:	DL: OTHER'S FA	Biological/Step/or	Telephone #: Passport #: Adoptive: UNCLES Age: Telephone #: Passport #:
Address: SSN: Occupation/Employer: Other Information: MC Name: Address: SSN:	DL: OTHER'S FA	Biological/Step/or MILY TREE - OB:	Telephone #: Passport #: Adoptive: UNCLES Age: Telephone #: Passport #:
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Address: SSN: Occupation/Employer: Other Information: MC Name: Address: SSN: Occupation/Employer: Other Information:	DL: OTHER'S FA D THER'S FA	Biological/Step/or MILY TREE - OB: Biological/Step/or	Telephone #: Passport #: VNCLES Age: Telephone #: Passport #:

SSN:	DL:		Passport #:
Occupation/Employer:	l	Biological	/Step/or Adoptive:
Other Information:		I	
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Name:		DOB:	Age:
Address:			Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer:		Biological	/Step/or Adoptive:
Other Information:		l	
	FATHER'S	FAMILY TRE	
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Address:		L	Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer:	l	Biological	/Step/or Adoptive:
Other Information:		l	
	EATHER'S	S FAMILY TRE	E - AUNTS
Name:	IAIIILK	DOB:	Age:
Address:			Telephone #:
	DI.		·
SSN:	DL:		Passport #:
Occupation/Employer:		Biological	/Step/or Adoptive:
Other Information:		I	
	FATHER'S	FAMILY TRE	
Name:		DOB:	Age:
Address:		l	Telephone #:
SSN:	DL:		Passport #:
Occupation/Employer:		Biological	/Step/or Adoptive:
Other Information:			
	FATHER'S	FAMILY TRE	
Name:		DOB:	Age:

Address:			Telephone #:	
SSN:	DL:		Passport #:	
Occupation/Employer:	Biological/St		al/Step/or Adoptive:	
FA ⁻	THER'S FA	MILY TRE	EE - UNCLES	
Name:		DOB:	Age:	
Address:	·		Telephone #:	
SSN:	DL:		Passport #:	
Occupation/Employer:		Biologica	al/Step/or Adoptive:	
	u Dia Edic	NDO 9 A		
			CQUANTINACES	5
Name:		DOB:	Age:	Race:
Address:			Telephone #:	
SSN:	DL:		Passport #:	
Screen Names/Email/Web Blogs/We	ebsites/ISP:			
Other Information:				
			CQUANTINACES	
Name:		DOB:	Age:	Race:
Address:			Telephone #:	
SSN:	DL:		Passport #:	
Screen Names/Email/Web Blogs/We	ebsites/ISP:			
Other Information:				
			CQUANTINACES	
Name:		DOB:	Age:	Race:
Address:			Telephone #:	
SSN:	DL:		Passport #:	
Screen Names/Email/Web Blogs/We	ebsites/ISP:			
Other Information:				
CH	ILD'S FRIE	NDS & AC	CQUANTINACES	
Name:		DOB:	Age:	Race:

CHILD'S FRIENDS & ACQUANTINACES				
Name:	DOB:	Age:	Race:	

Address:			Telephone #:		
SSN:	DL:		Passport #:		
Screen Names/Email/Web Blogs/W	ebsites/ISP:		I		
Other Information:					
	W DIO EDI		LIANTINACEO		
Name:	IILD'S FRI	DOB:	Age:	Race:	
Address:			Telephone #:		
SSN:	DL:		Passport #:		
Screen Names/Email/Web Blogs/W	ebsites/ISP:				
Other Information:					
	IILD'S FRI		UANTINACES	Danas	
Name:		DOB:	Age:	Race:	
Address:			Telephone #:		
SSN:	DL:		Passport #:		
Screen Names/Email/Web Blogs/W	ebsites/ISP:				
Other Information:					
	HAIR SA	AMPLES TAK	EN FROM:		
	epmother 🗌	Stepfather	Grandmother	Others	
Victim ☐ Siblings ☐ Do			Grandfather DDEN 9 EAMIL	IES	
			DREN & FAMIL		
Has DCF been notified: YES	∐ NO I	s there a docume	nted family history w	vith DCF: ∐YES	☐ NO
Have you requested/obtained the	records: \(\sum Y	ES NO			
nterview notes:					
-					

