

Completed by: \_\_\_\_\_ Agency: \_\_\_\_\_

Reviewed by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### MISSING CHILD DATA

Last Name:	First Name:	Middle Name:
Address:		
Home Phone:	Cell Phone number and 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:	TEETH
Color:	Color:	Appearance:
Style:	Vision Rating:	Braces:
Length:	Glasses:	Dentist name:
Facial:	Contacts:	Dentist phone #

SKELETAL		
Stature:	Stance:	Fractures:
Abnormalities:	X-Rays Available:	From:
Size:	Height:	Weight:
Right or Left Handed:	Size for Age: <input type="checkbox"/> Small <input type="checkbox"/> Average <input type="checkbox"/> Large	

CHILD'S MEDICAL INFORMATION		
Blood Type:	Disability:	
Doctor:	Address:	
Medications:	Expires:	
Mental Health:	Treatment:	

IDENTIFYING FEATURES		
Complexion:	Scars:	
Birth Marks:	Pierced Ears:	
Tattoos:	Right or Left Handed:	
Hearing Impaired:	Speech Impaired:	Accent:
Abnormalities:	Other Features:	

### IDENTIFICATION METHODS

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	Color	Description/Comments
Coat/Jacket				
Pants/Skirt				
Shirt/Blouse				
Shoes/Socks				
Sweater				
Hat				
Jewelry/Other				

### CHILD LAST SEEN BY

Name:	DOB:	Age:
Address:		Phone:
Relationship w/Child:		
Date/Time Last Seen:	Location Last Seen:	
Child In the Company of:		

### ADDITIONAL INFORMATION

Child's Favorite Food:	Toy:
Game:	TV Program:
Pets:	Favorite Clothing:
Hiding Places:	Hangout Places:
Child's Favorite Place to Visit:	

### COMPUTER ACCESS

Email Addresses:
Screen Names:
Web Blog(s) & Websites:
Child's Favorite Place to Visit:
ISP Address(es):

Video Gaming Systems:  
Gamer Tags/Id:

**Other Information Concerning Child**

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**CHILD'S MOTHER**

Name:		DOB:	Age:
Address:			Telephone #:
SSN:	DL:	Passport #:	
Occupation/Employer			
Biological/Step/or Adoptive:			Living or Deceased:
Criminal History:			
Other Information:			

**CHILD'S FATHER**

Name:		DOB:	Age:
Address:			Telephone #:
SSN:	DL:	Passport #:	
Occupation/Employer			
Biological/Step/or Adoptive:			Living or Deceased:
Criminal History:			
Other Information:			

**GUARDIAN / FOSTER PARENT**

Name:		DOB:	Age:
Address:			Telephone #:
SSN:	DL:	Passport #:	
Occupation/Employer:			
Criminal History:			
Other Information:			

**SISTER**

Name:		DOB:	Age:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Occupation/Employer:		Biological/Step/or Adoptive:	
Other Information:			

**SISTER**

Name:		DOB:	Age:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Occupation/Employer:		Biological/Step/or Adoptive:	
Other Information:			

**BROTHER**

Name:		DOB:	Age:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Occupation/Employer:		Biological/Step/or Adoptive:	
Other Information:			

**BROTHER**

Name:		DOB:	Age:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Occupation/Employer:		Biological/Step/or Adoptive:	
Other Information:			

**MOTHER'S FAMILY TREE - GRANDMOTHER**

Name:		DOB:	Age:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Occupation/Employer:		Biological/Step/or Adoptive:	

Other Information:	
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MOTHER'S FAMILY TREE - GRANDFATHER		
Name:	DOB:	Age:
Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

MOTHER'S FAMILY TREE - AUNTS		
Name:	DOB:	Age:
Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

MOTHER'S FAMILY TREE - AUNTS		
Name:	DOB:	Age:
Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

MOTHER'S FAMILY TREE - UNCLES		
Name:	DOB:	Age:
Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

MOTHER'S FAMILY TREE - UNCLES		
Name:	DOB:	Age:
Address:		Telephone #:

SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

FATHER'S FAMILY TREE - GRANDMOTHER		
Name:	DOB:	Age:
Address:	Telephone #:	
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

FATHER'S FAMILY TREE - GRANDFATHER		
Name:	DOB:	Age:
Address:	Telephone #:	
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

FATHER'S FAMILY TREE - AUNTS		
Name:	DOB:	Age:
Address:	Telephone #:	
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

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Name:	DOB:	Age:
Address:	Telephone #:	
SSN:	DL:	Passport #:
Occupation/Employer:	Biological/Step/or Adoptive:	
Other Information:		

FATHER'S FAMILY TREE - UNCLES		
Name:	DOB:	Age:

Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:		Biological/Step/or Adoptive:

<b>FATHER'S FAMILY TREE - UNCLES</b>		
Name:	DOB:	Age:
Address:		Telephone #:
SSN:	DL:	Passport #:
Occupation/Employer:		Biological/Step/or Adoptive:

<b>CHILD'S FRIENDS &amp; ACQUANTINACES</b>			
Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Screen Names/Email/Web Blogs/Websites/ISP:			
Other Information:			

<b>CHILD'S FRIENDS &amp; ACQUANTINACES</b>			
Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Screen Names/Email/Web Blogs/Websites/ISP:			
Other Information:			

<b>CHILD'S FRIENDS &amp; ACQUANTINACES</b>			
Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
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Other Information:			

<b>CHILD'S FRIENDS &amp; ACQUANTINACES</b>			
Name:	DOB:	Age:	Race:





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