

## SUBJECT DATA SHEET

Case Number:		Date Completed:
Last Name:	First Name:	Middle Name:
Address:		
Home Phone:	Work Phone:	Cell Phone:
Nicknames/Aliases:		
SSN:	DOB:	Race/Sex:
Birth State:	Birth City:	Birth Hospital:
Criminal History ( <i>Attach NCIC/FCIC printout</i> ):		

Hair:		Eyes:	
Color:	Color:		
Style:	Vision Rating:		
Length:	Glasses:		
Facial:	Contacts:		

Teeth:	
Appearance:	
Dentist:	Phone #:
Address:	

Skeletal:		
Stature:	Stance:	Fractures:
Size:	Height:	Weight:
Abnormalities:		Right or Left Handed:

Identifying Features:		
Complexion:	Scars:	
Tattoos:		Pierced Ears:
Birth Marks:	Other Features:	
Hearing Impaired:	Speech Impaired:	Accent:
Abnormalities:		Unusual Mannerisms:

Subject's Medical Information:	
Blood Type:	Disability
Doctor:	Address:

Medications:	
Prescriptions:	Expires:
Mental Health:	Treatment:

Identification Methods:

Fingerprints Available:	Date Taken:
Footprints Available:	Date Taken:
Fingerprint Class (NCIC):	
Photograph Available:	Date Taken:
DNA Available:	Date Taken:

Subject's Employment:

Current Employment: <i>(Business Name and Address)</i>		
Job Title:	Length of Employment:	
Job Responsibilities:		
Special Skills:	Income:	
Previous Employment:		
Military Service:	Branch:	Date of Service:
Discharge Type:		

Education:

Last School Attended: <i>(School Name and Address)</i>	Highest Level of Schooling:
Vocational or Technical Training:	

Subject's Clothing:

Item Type	Style	Size	Color	Description/Comments
Coat/Jacket				
Pants/Skirt				
Shirt/Blouse				

Shoes/Socks				
Sweater				
Hat				
Jewelry/Other				

**Subject's Personal Characteristics:**

Smoke:	What:	How Long:
Drink:	What:	How Long:
Other Drugs:	What:	How Long:
Physical Fitness Level:	Sports or Hobbies:	
Food Preferences:		
Religious Faith:		

**Computer Access:**

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

**Subject's Family Tree**

**Spouse:**

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

Subject's Children:

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

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

(List other children on back of page)

Former Spouse(s):

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

Mother:

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

Criminal History:
Other Information:

Father:

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

Birth Order of Subject: Oldest:  Middle:  Youngest:

Sisters:

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

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

Brothers:

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

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

Mother's Side of Family

Grandmother:

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

Grandfather:

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

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:		

Uncles:

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

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

Father's Side of Family

Grandmother:

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

Grandfather:

Name:	DOB:	Age:
Address:		Telephone #:

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

Aunts:

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

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

Uncles:

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

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



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Subject's Friends/Acquaintances

Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Other Information:			

Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Other Information:			

Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Other Information:			

Name:	DOB:	Age:	Race:
Address:		Telephone #:	
SSN:	DL:	Passport #:	
Other Information:			

Other Information:

A large empty rectangular box with a black border, intended for providing additional information.