
MISSING CHILD/STUDENT INFORMATION**CHILD/STUDENT #2 (IF APPLICABLE)**

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ County/Country: _____ Male Female

Race: _____ Age: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Complexion: _____ SS#: _____ Alias/Nicknames: _____

Place of Birth: _____ Mother's Maiden Name: _____

Physical Characteristics (Scars/Marks/Tattoos/Piercings/Dental): _____

Medical Problems/Medication Utilized: _____

School Name/Grade: _____

Clothing Description: _____

Date/Time/Place of Last Contact: _____

Miscellaneous: _____
_____Do parents/guardians possess the child's fingerprints: Yes No Number of fingers: 2 10 Other

Cell Phone #: (_____) _____ Email: _____

Blog/Chat/Instant Messaging Services Used: _____

Screen Name(s)/Web Page Addresses: _____

PARENT INFORMATION: MOTHER (IF DIFFERENT THAN COMPLAINANT)

Name : Last _____ First _____ MI _____

Street Address: _____ City: _____

State/Zip Code: _____ County/Country: _____

Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____

Cell Phone #: (_____) _____ Email: _____

SS#: _____ Miscellaneous: _____

PARENT INFORMATION: FATHER (IF DIFFERENT THAN COMPLAINANT)

Name : Last _____ First _____ MI _____

Street Address: _____ City: _____

State/Zip Code: _____ County/Country: _____

Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____

Cell Phone #: (_____) _____ Email: _____

SS#: _____ Miscellaneous: _____

INFORMATION : **ABDUCTOR** **COMPANION** **RELATIONSHIP:** _____

Name : Last _____ First _____ MI _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____

Maiden Name: _____

Alias/Nicknames: _____

Race: _____ Age: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

SS#: _____ Place of Birth: _____

Physical Characteristics (Scars/Marks/Tattoos/Piercings/Dental): _____

Occupation: _____ Employer: _____

Miscellaneous (i.e., physical or mental conditions): _____

Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____

Cell Phone # : (_____) _____ Email: _____

Blog/Chat/Instant Messaging Services Used: _____

Screen Name(s)/Web Page Addresses: _____

VEHICLE INFORMATION (IF APPLICABLE) **COMPANION/ABDUCTOR** **CHILD/STUDENT**

Vehicle involved: Yes No Vehicle: Make: _____ Model: _____

Approximate Year: _____ Color: _____ Registration (License Plate) Number: _____

Registration (License Plate) State: _____ Special Identifiers/Miscellaneous: _____

INVESTIGATING LAW ENFORCEMENT AGENCY INFORMATION

Name of Investigating Police Agency: _____

Agency Address: _____

Investigating Officer's Name: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Cell Number: (_____) _____ Email: _____

Police Agency Case#: _____ Date of Report: _____

Other: _____
