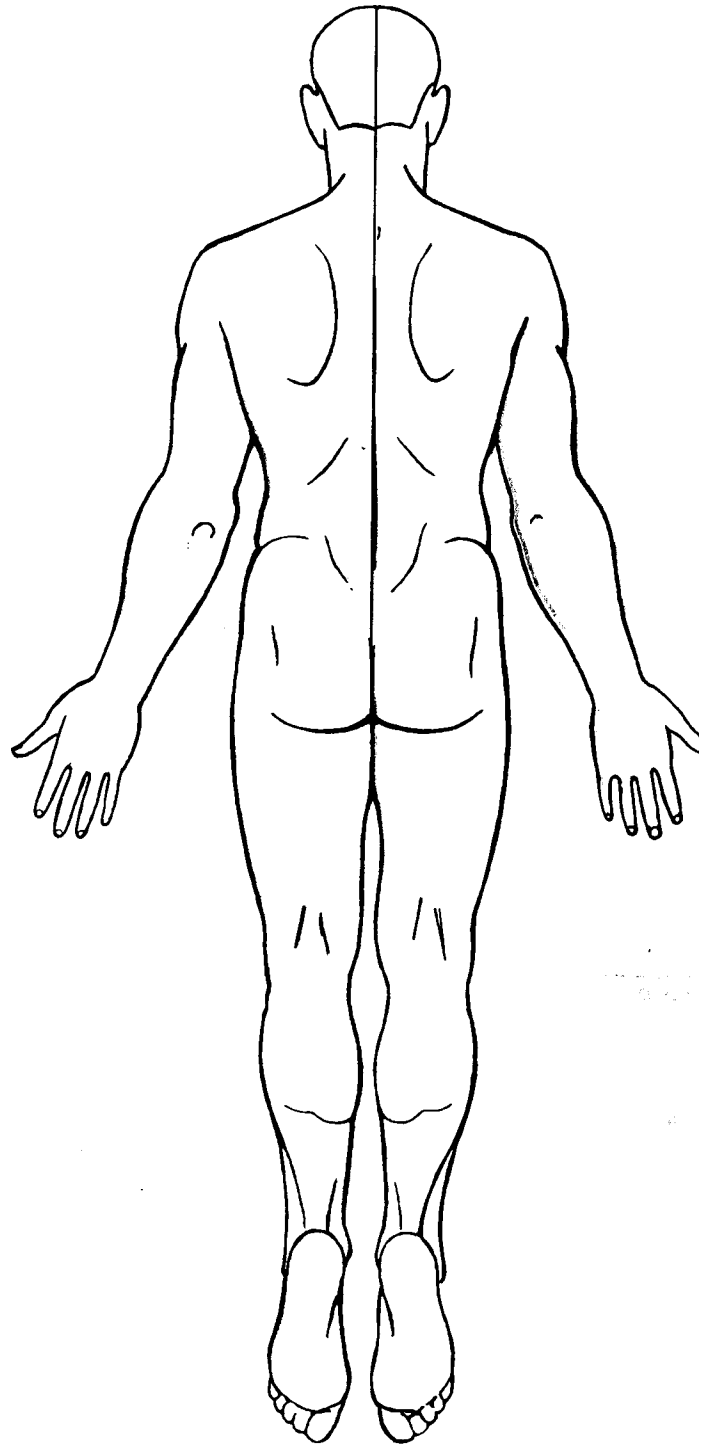
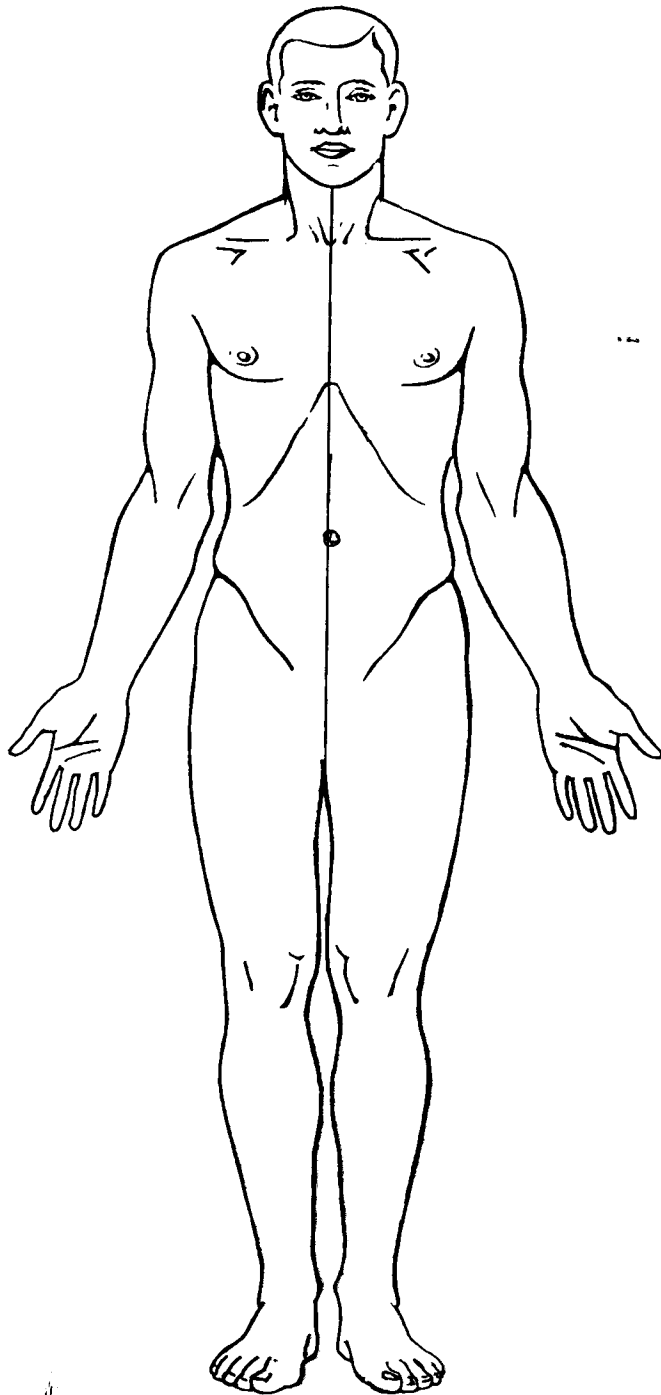


To aid in the identification of the individual, if applicable, please mark the approximate location of any personal descriptors, i.e., scars, broken bones, moles, etc. Use the comments area to more fully describe any tattoos, scars, etc.

FRONT

BACK



Comments: _____

MEDICAL INFORMATION

Missing Person's Name

Date of Birth

Investigating Agency's Name

Agency Case Number

Investigating Officer's Name

After completing this page, turn to the body diagram page and chart any information that would aid in the identification of the missing person. For example, artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, other physical characteristics, scars, skin discolorations, and tattoos.

Are body X-rays available? Yes _____ No _____ If yes, where _____
Please obtain X-rays and release them to the parent, legal guardian, or next of kin

Name of Medical Doctor

Blood Type (including RH
Factor if known)

Street Address

City, State, and ZIP

Telephone Number

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I am the parent/legal guardian/next of kin of the above-named missing person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person.

Signature of Parent/Legal Guardian/ Next of Kin

Date

Street Address

Relationship

City, State, and ZIP

Telephone Number