Thomas Lauth Expert in Missing Children & Adults 1.800.889.3463 Fax to: 866.951.5288

City

County

Missing Person Bio Information

Please Print All Information in Black Ink and Return Promptly with Color Photograph

Following is a form requesting a physical description of the missing person, as well as current information about you and the investigating law enforcement agency. In the event a public notification is prepared for the missing person, please complete this form with detailed descriptive information, as it should appear on the public notification. Please comment on any additional information on the back of this form.

RELATIVE/GUARDIA Name of Relative/Guardi		(Please print clearly in Black In	(K)		
	First	Middle	Last		
Address:					
City		State		Zip	
Phone: ()					
Relationship to Missing F	Person:				
MISSING PERSON IN	FORMATION:				
Name.				Nickname:	
		Last			
Social Security #:		NCIC#:			
Date of Birth:	Date I	NCIC#: Date Missing:		Age at Time:	
Missing From:					
Location Person Last See	anty	City		State	
Circumstances of Disappo	earance:				
Sex: (Circle One ) Male Fem	ale <b>Height:</b> Fe	etInches Weigh	<b>t:</b> lbs		
Race: (Check One) ( )America	n Indian ( )Asian ( )Bla	nck ()Hispanic ()Whi	te ()Bi-Racial/Othe		
Complexion: ( )Light ( )Me					
Hair Color: ( )Bald ( )Black Eye Color: ( )Black ( )Blue			k (albino) Wears gla		
Identifying Marks/Char	racteristics (e.g. scars, birth	marks, tattoos, piercings, walk/s			
Jewelry:					
Last seen wearing (clothing	g, shoes, coats/jackets, hats; speci	ffy color/style):			
*INVESTIGATING LA Detective Name:	W ENFORCEMEN	Γ AGENCY:			
Detective Name:Address:		Phone: ()	Fax	: ()	

State

Zip