Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

Nature of disaster:

Place of disaster:

Date of disaster: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ADMINISTRATIVE DATA				a	b	c
100	**Responsible agency** Street / No. Postcode / Town State / Country Phone / Email		*INTERPOL NCB:* *Police file No:*			
105	**Information given by** Name Street / No. Postcode / Town State / Country Phone / Email **Relationship**	*Date:*				
110	**ID info to** Name Street / No. Postcode / Town State / Country Phone / Email **Relationship**	*1* ☐ *see 105*				
115	**Partner** If not single see 230	*Single - If not,* *1* ☐	*First-* _____ */ Middle-* _____ */ Family name of partner:* _____			
120	**Fingerprinted** 01 Source	*1* ☐ *No* *2* ☐ *Yes*	*Where:* _____ *Specify:* _____ *Date:* _____			
125	**If not, are fingerprints obtainable from residence/workplace/ other** 01 Address See also 480	*1* ☐ *No* *2* ☐ *Yes*	Specify elimination print sources on page Sup. Info. (700's)			

CHECKLIST OF CONTENTS	*Enclosed complete*	*Not available*	*Remarks*
Administrative Data (fields 1xx)			
Nominal data (fields 2xx)			
Effects (fields 3xx)			
Body description (fields 4xx)			
Pathology (fields 5xx)			
Odontology (fields 6xx)			
Supporting information (fields 7xx)			
Appendix (fields 8xx) (optional)			

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

NOMINAL DATA			a	b	c
200	**Family name at birth**	*Mother's maiden name:*			
205	**Nicknames**				
210	**Aliases** 01 Alias Name Date of birth Birthplace 02 Alias Name Date of birth Birthplace	*First name:* *Family name:* ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Place:* *Country:* *First name:* *Family name:* ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Place:* *Country:*			
215	**Nationality**	*Country:* *Multiple nationality:*			
220	**Birthplace**	*Place:* *Country:*			
225	**National ID number** Number Issuing country	☐☐☐ *Enter ISO 3166-1 alpha-3 code (e.g. AUS for Australia)*			
230	**Marital status** If single see 115	*Engaged (date)* 1 ☐ *Cohabiting* 2 ☐ *Married (date)* 3 ☐ *Divorced* 4 ☐ *Widowed* 5 ☐			
235	**Occupation**				
240	**Current physical address** Street / No. Postcode / Town State / Country Phone / Email Mobile phone				
245	**Religion**	*No* 1 ☐ *Yes (specify):* 2 ☐			

Collected by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

EFFECTS (possibly carried on person or in luggage)

300 Clothing Items

No:	1 Type	2 Colour	3 Label	4 Material	a	b	c

Head and neck
- 101 Headcover
- 102 Scarf
- 103 Tie
- 199 Other

Upper part of the body and arms
- 201 Blouse
- 202 Braces
- 203 Brassiere
- 204 Cardigan
- 205 Coat
- 206 Gloves
- 207 Overcoat
- 208 Pullover
- 209 Shirt
- 210 T-shirt
- 211 Undershirt
- 212 Waistcoat
- 299 Other

Lower part of the body and legs
- 301 Belt
- 302 Shorts
- 303 Skirt
- 304 Socks
- 305 Stockings
- 306 Swimming attire
- 307 Tights
- 308 Trousers
- 309 Underpants
- 399 Other

The whole of the body
- 401 Body suit
- 402 Dress
- 403 Religious/Cultural/ Traditional
- 404 Uniform
- 499 Other

In case of using "x99 Other" describe the kind of item in column "1 Type".

305 Footwear

No:	1 Type	2 Colour	3 Label	4 Material	a	b	c

- 01 Boots
- 02 Open footwear
- 03 Shoes
- 99 Other

Describe the kind of footwear in column "1 Type", e.g. sports shoes, sandals

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

Collected by Duty Title : Name : Address : Phone / Email : *Signature / Date*

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

EFFECTS (possibly carried on person or in luggage) **a** **b** **c**

310 Watch

No:	1 Make	2 Model	3 Colour	4 Material	5 Inscription
01 Digital wristwatch					
02 Analog wristwatch					
03 Digital/analog w.					

04 If wristwatch, worn on: *Left* 1☐ *Right* 2☐ *Outside* 3☐ *Inside* 4☐

05 Watch strap/chain: *Leather* 1☐ *Metal* 2☐ *Rubber* 3☐ *Other (specify):* 4☐ _____

06 Watch, other type — *Where worn:* _____

315 Glasses

	1 Make	2 Model	3 Colour	4 Material	5 Inscription
01 Frame					

02 Lenses (glass): *Self tinting* 1☐ *Tinted* 2☐ *No* 3☐ *Yes (specify):* _____

03 Shape of lenses: *Round* 1☐ *Oval* 2☐ *Square* 3☐ *Half* 4☐ *Rimless* 5☐ *Full rim* 6☐

04 Lenses material/type: *Glass* 1☐ *Polycarbonate* 2☐ *Bi-focal* 3☐ *Progressive* 4☐

320 Contact lenses *No* 1☐ *Yes (if coloured specify):* 2☐ _____

325 Hearing aids

01 Left: *No* 1☐ *Yes (specify):* 2☐ _____ *Serial No:* _____

02 Right: *No* 1☐ *Yes (specify):* 2☐ _____ *Serial No:* _____

330 External prostheses *No* 1☐ *Yes (specify):* 2☐ _____ *Serial No:* _____

335 Jewellery

No:	1 Type	2 Colour	3 Material	4 Inscription	5 Where worn
01 Anklet					
02 Bracelets					
03 Earclips					
04 Earrings					
05 Neck chains					
06 Necklace					
07 Nose ring					
08 Pendant on chain					
09 Wedding ring					
10 Other rings					
99 Other					

In case of using "99 Other" describe the kind of item in column "1 Type".

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

AM No: _____

Family name: ----------

First name(s): ----------

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*

Age ☐☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

EFFECTS (possibly carried on person or in luggage) — **a** **b** **c**

340 Identity documents

01 Bank cards
02 Driving licence
03 Identity card
04 Passport
99 Other

In case of using "99 Other" describe the kind of item in column "3 Details".

No:	1 *Nationality*	2 *Number*	3 *Details*	4 *Biometrics*	5 *Chip*	a	b	c

345 Effects

01 Badges/keys
02 Bum bag
03 Currency
04 Diary/agenda
05 Purse
06 Ticket
07 Wallet
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

No:	1 *Make*	2 *Model*	3 *Colour*	4 *Material*	5 *Serial No.*	6 *Markings*	a	b	c

350 Electronic devices

01 Camera
02 Mobile phone
03 Music player
04 SIM
05 Tablet/handheld
06 Video
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

No:	1 *Make*	2 *Model*	3 *Colour*	4 *Material*	5 *Serial No.*	6 *Markings*	a	b	c

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

Collected by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Family name: **AM No:** _____

First name(s): _____

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external)

		a	b	c
404	**Specific details**			

	No:	1 *Scars*	2 *Piercings*	3 *Tattoos*
Head and neck				
01 Head				
02 Neck				
Torso				
03 Torso front				
04 Torso back				
05 Genitalia				
06 Buttocks				
Upper limbs				
07 Right upper arm				
08 Left upper arm				
09 Right forearm				
10 Left forearm				
11 Right hand				
12 Left hand				

	No:	4 *Skin marks*	5 *Malformations*	6 *Amputations*
Lower limbs				
13 Right thigh				
14 Left thigh				
15 Right knee				
16 Left knee				
17 Right lower leg				
18 Left lower leg				
19 Right foot				
20 Left foot				

408 Height *Min* _____ *cm* / *Max* _____ *cm* | *Min* _____ *ft* _____ *in* / *Max* _____ *ft* _____ *in*

412 Weight *Min* _____ *kg* / *Max* _____ *kg* | *Min* _____ *lb* / *Max* _____ *lb*

416 Build *Slight* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐

420 Hair of the head

01 Type: *Natural* 1 ☐ *Extensions* 2 ☐ *Hairpiece* 3 ☐ *Wig* 4 ☐ *Implanted* 5 ☐

02 Length: *Short <6 cm / 2.4 in* 1 ☐ *Medium <12 cm / 4.7 in* 2 ☐ *Long >12 cm / 4.7 in* 3 ☐ *Shaved* 4 ☐

03 Dyed colour: *None/unknown* 1 ☐ *Streaked* 2 ☐ *Blond* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐ *Red* 6 ☐ *Grey* 7 ☐ *White* 8 ☐ *Mixed grey* 9 ☐ *Other (specify):* 10 ☐ _____

04 Natural colour: *Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____

05 Baldness: *Partial* 1 ☐ *Total* 2 ☐ *Forehead* 3 ☐ *Sides* 4 ☐ *Tonsure* 5 ☐

06 Distinctive feature(s): *Describe (and use page Sup. Info. (700's) for details):* _____

Collected by		*Signature / Date*
Duty Title	:	
Name	:	
Address	:	
Phone / Email	:	

Family name: **AM No:** _____

First name(s): _____

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external + fingerprint)			a	b	c
424	**Eyebrows** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
428	**Eyes** 01 Colour (Left and Right) 02 Distinctive feature(s)	*Blue* 1 ☐L ☐R *Grey* 2 ☐L ☐R *Green* 3 ☐L ☐R *Brown* 4 ☐L ☐R *Black* 5 ☐L ☐R *Hazel* 6 ☐L ☐R *Maroon* 7 ☐L ☐R *Pink* 8 ☐L ☐R *Cross-eyed* 1 ☐L ☐R *Squint-eyed* 2 ☐L ☐R *Artificial eye* 3 ☐L ☐R *Other (specify):* 5 ☐ _____			
432	**Nose** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
436	**Facial hair** 01 Type 02 Colour	*Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐ *Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
440	**Ears** 01 Ear lobes/pierced 02 Distinctive feature(s)	*Attached* 1 ☐ *No* 2 ☐ *Yes* *Pierced - specify number of piercings* 3 ☐ *Left* _____ 4 ☐ *Right* _____ *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
444	**Mouth/teeth** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
448	**Lips** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
452	**Chin** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
456	**Neck** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
460	**Hands/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
464	**Feet/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
468	**Body/pubic hair** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
472	**Circumcision**	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ _____ *Mixed (specify):* 5 ☐ _____			
480	**Fingerprint** 01 Number retrieved 02 Format 03 Development technique	*No:* _____ *Lifts* 1 ☐ *Digital photo* 2 ☐ *35mm photo* 3 ☐ *Other (specify):* 4 ☐ _____ *Powder* 1 ☐ *Chemicals* 2 ☐ *Other (specify):* 3 ☐ _____			

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

PATHOLOGY			a	b	c
500	**General practitioner** Name Street / No. Postcode / Town State / Country Phone / Email				
505	**Medical record lists** 01 Diagnoses 02 Findings 03 Fractures 04 Hospitalizations 05 Operation scars 06 Organs missing 07 Prescriptions 08 Ref. to specialist 09 Symptoms 10 Treatments 11 Other scars 12 Other **Addicted to** 20 Alcohol 21 Drugs 22 Narcotics 23 Tobacco **Infectious diseases** 30 AIDS/HIV 31 Hepatitis 32 Tuberculosis 33 Other **In women** 40 Births 41 Hysterectomy 42 Intrauterine contra-ceptive devices 43 Pregnancy	**No:** 1 *Specify*			
515	**Implants** 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants	**No:** 1 *Specify* 2 *Serial No.*			
520	**Prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			
525	**Other artificial aids**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			
530	**Organs removed**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			

Collected by		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

AM No: _____

Family name: _____

First name(s): _____

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

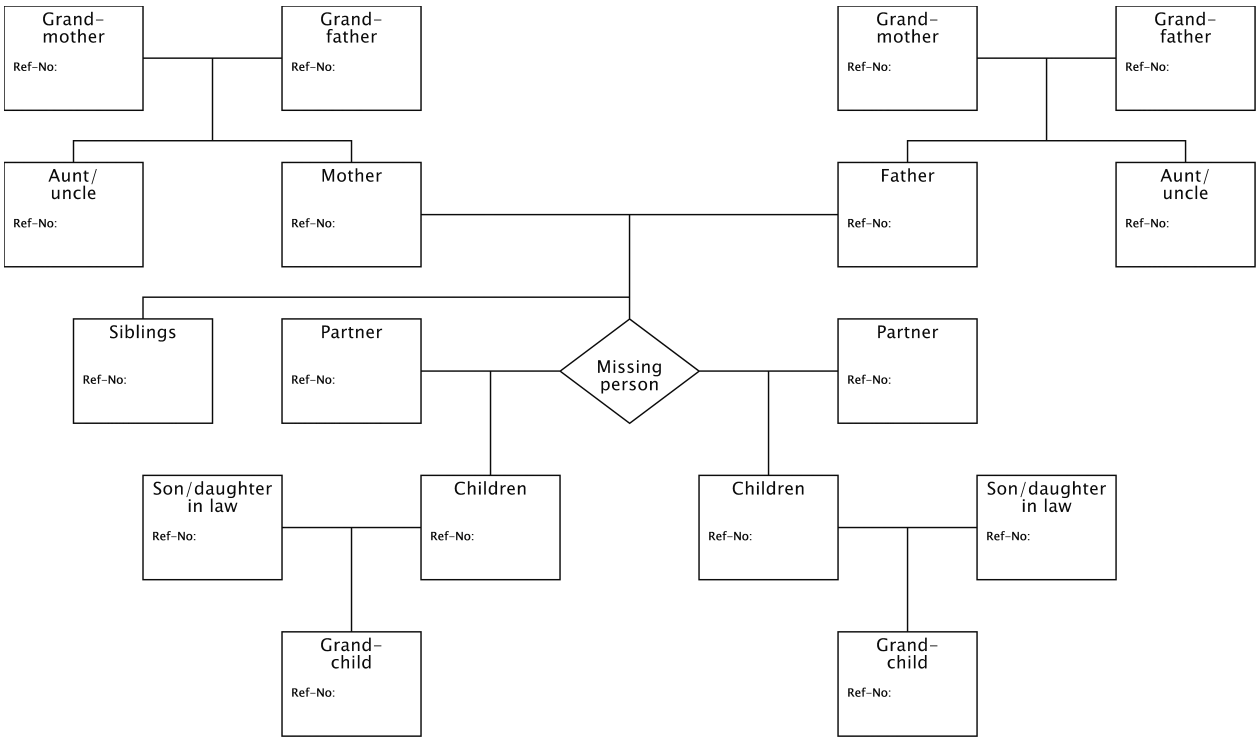
PATHOLOGY (DNA related information) | a | b | c

555 Reference
Missing person
(Direct reference)

Type of sample: *DNA-profile* *1* ☐ *Biobank* *2* ☐ *Personal belonging (specify):* *3* ☐ _____
Date of sample: _____ *Laboratory reference:* _____

FAMILY TREE OF BIOLOGICAL RELATIONSHIPS

Add a Ref-No. of the relative on tree. Add any information, not represented on biological relationships family tree, on page Sup. Info. (700's).



560

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

Name(s): _____
National ID-number: _____ *Laboratory reference:* _____
Type of sample: _____ *Date of sample:* _____

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

Name(s): _____
National ID-number: _____ *Laboratory reference:* _____
Type of sample: _____ *Date of sample:* _____

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

Name(s): _____
National ID-number: _____ *Laboratory reference:* _____
Type of sample: _____ *Date of sample:* _____

Collected by
Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY

		a	b	c
600	**Dentist/clinic** Name Street / No. Postcode / Town State / Country Phone / Email 01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____ 02 Enclosed: *Radiographs* 1 ☐ *Casts* 2 ☐ *Photos* 3 ☐ *Other (specify):* 4 ☐ _____			
605	**Dentist/clinic** Name Street / No. Postcode / Town State / Country Phone / Email 01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____ 02 Enclosed: *Radiographs* 1 ☐ *Casts* 2 ☐ *Photos* 3 ☐ *Other (specify):* 4 ☐ _____			

615 **Dental images available**	**1** *Digital*	**2** *State number of*	**3** *Non digital*	**4** *State number of*			
01 PA	☐		☐				
02 BW	☐		☐				
03 OPG	☐		☐				
04 CT	☐		☐				
05 Other radiographs	☐		☐				
06 Photographs	☐		☐				

620	**Further material**			

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: **AM No:** _____

First name(s):

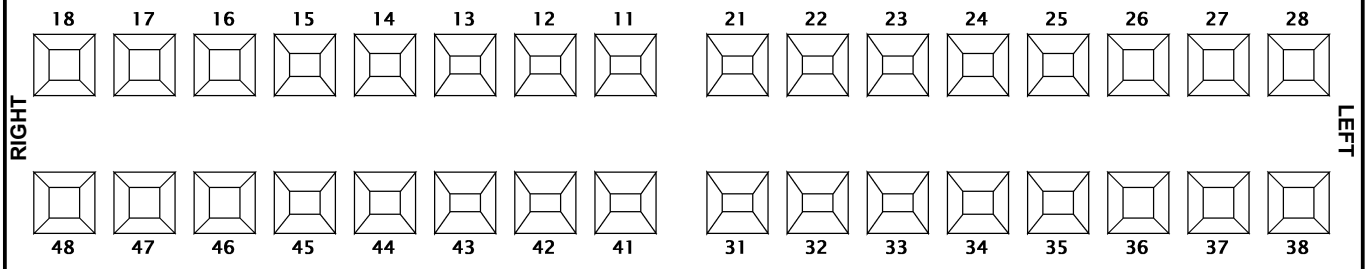
Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY

630 Dental findings (for primary teeth change specific FDI code)

11			21
12			22
13			23
14			24
15			25
16			26
17			27
18			28



48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

			a	b	c
635	**Specific data** 01 Specify	1 ☐ *Crowns* 2 ☐ *Pontics* 3 ☐ *Implants* 4 ☐ *Dentures* 5 ☐ *Other*			
640	**Other findings** 01 Specify	1 ☐ *Occlusion* 2 ☐ *Tooth wear* 3 ☐ *Periodontal status* 4 ☐ *Supernumeraries* 5 ☐ *Stains* 6 ☐ *Other*			
645	**Type of dentition** 01 Specify	1 ☐ *Primary dentition* 2 ☐ *Mixed dentition* 3 ☐ *Permanent dentition*			
650	**Quality check** FOd 1	*Date:* *Signature:* *FOd 1 Name:*			
	FOd 2 (If available)	*Date:* *Signature:* *FOd 2 Name:*			

Collected by	Duty Title	:	*Signature / Date*
	Name	:	
	Address	:	
	Phone / Email	:	

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field number)

700

1 *Field No.*	**2** *Description*

705 *Additional Supporting Information page (700's)* *1* ☐ *No* *2* ☐ *Yes*

Ante **M**ortem *(yellow)* **INTERPOL DVI Form - Missing Person** Appendix **800's**

Family name: **AM No:** _____

First name(s):

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

805 APPENDIX DNA						**a**	**b**	**c**
810	**Typing Laboratory**	*Name:* _____ *Email:* _____ *Address:* _____ *City:* _____ *Date of sample:* _____						
815	**Laboratory Standards**	*Accredited according to:* _____ *Not accredited 1* ☐						
820	**STR kit(s) used**	*Name(s) of kit(s) used:* _____						
825	**DNA**	Missing person		Reference - Ref.no: _____				
	VWA							
	TH01							
	D21S11							
	FGA							
	D8S1179							
	D3S1358							
	D18S51							
	Amelogenin							
	TPOX							
	CSF1PO							
	D13S317							
	D7S820							
	D5S818							
	D16S539							
	D2S1338							
	D19S433							
	Penta D							
	Penta E							
	D1S1656							
	D2S441							
	D10S1248							
	D22S1045							
	D12S391							
	SE33							
	D6S1043							
	Add any information not represented of the markers above, using c-column/page 700's Supporting information.							
830		*Additional DNA profile page (805-825) 1* ☐ *No 2* ☐ *Yes*						

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: ---------- **AM No:** _____

First name(s): ----------

Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

835 APPENDIX BODY SKETCH (for optional use)