Ante	Mortem (yellow)	INTER	RPOL D	VI Form - N	lissin	g Per	son		Administrative Data	a 1	100's
	Family name:						AM No):			
	First name(s): Date of birth:			Month Month			Age	Male	Female	Unk	known 1
	Date of birtin.		.,								
	Nature of disaster:										
	Place of disaster:										
	Date of disaster:	Da	ау 📗	Month		Year					
ADM	a = Data not available	9	b = Attac	hment			c = Fur	ther info	on page Sup. I	$\overline{}$	
	INISTRATIVE DATA	1				1//	ITERPOL NO	·R·		<u> a</u>	b c
100	Responsible agency					"	TILIN OLIVO	љ.			
	Street / No. Postcode / Town State / Country Phone / Email					Po	olice file No:				
105	Information given by	Date:								1	
	Name Street / No. Postcode / Town State / Country Phone / Email Relationship										
110	ID info to	1 see 1	105								
	Name Street / No. Postcode / Town State / Country Phone / Email Relationship										
115	Partner If not single see 230	Single - I	If not, Fir:	st-	/ Midd	dle-	/ Fa	amily nam	ne of partner:		
120	Fingerprinted	1 No	2 \	es Where:						+	
		Specify:		-			Date	e:			
	01 Source										
125	If not, are fingerprints obtainable from residence/workplace/ other	1 No	2 \ \	⁄es							
	See also 480	Specify eli	mination pr	int sources on pa	age Sup.	. Info. (70	00's)				
СН	ECKLIST OF CONTENTS	Enclosed complete	Not available		<u> </u>	`	Remarks				
Admi	nistrative Data (fields 1xx)										
Nomi	nal data (fields 2xx)										
Effect	ts (fields 3xx)										
Body	description (fields 4xx)										
Patho	logy (fields 5xx)										
Odon	tology (fields 6xx)										
Supp	orting information (fields 7xx)										
Anno	ndiv (fields 8xx) (entional)	İ									

\pmb{A}_{nte}	Mortem (yellow)	II.	NTI	ERP	0		IVC	For	m	- M	iss	ir	ng Pers	son				Nominal Da	ta 4	20()'s
	Family name:													AM	No	:					
	i aiiiiy ilailie.													_							_
	First name(s):																				
	Date of birth:			Day	Ē		M	onth			·		Year	_ Age		Male	[Female	Uni	knov	vn
	a = Data not available	;		b	= ,	Attac	chme	ent						c = 1	Furth	ner info	on pa	age Sup.	Info.	(700	's)
	NAL DATA	_																	a	b	С
200	Family name at birth												Mother's	maiden i	nam	e:					
205	Nicknames																				
210	Aliases	Fir	st na	me:									Family na	ame:					+		H
	01 Alias Name																		_		
	Date of birth			Day			М	onth				٦	Year								
	Birthplace	Ple	ice:		-								Country:								
	Z.i.u.piaoo	Fir	st na	me:								_	Family na	ame:					-		
	02 Alias Name	_										_							_		
	Date of birth			Day			М	onth					Year								
	Birthplace	Pla	ice:				_						Country:								
215	Nationality	Col	untry	<i>'</i> :								_	Multiple n	nationality	y:				+		
	_	Pla	<u> </u>										Country:						-		
220	Birthplace	I Ia											Country.								
225	National ID number																				
	Number	l_																	_		
	Issuing country			E	nte	er IS	O 31	66-1	alph	a-3 (code	e (e	e.g. AUS fo	or Austra	ilia)						
230	Marital status	En	gage	ed (da	te)			Cohai	biting	7			Married	d (date)					\perp		
		1 [2	2					3								
		Div	orce	ed			— L	Nidov	ved												
		4		•				5 🔲													
225	If single see 115	_																	-		
235	Occupation																				
240	Current physical																				
	address																				
	Street / No.																				
	Postcode / Town																				
	State / Country																				
	Phone / Email																				
	Mobile phone																				
245	Religion	No					(spe	cify):											+		
		1 [2]														
		L																			
Colle	cted by Duty Title :													Signatu	ıre /	Date					
	Name :																				
	Address :																				
Ī	Phone / Email																				

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nte	ortem (yellow)	<u>IN</u>	IEKI	POL DV	<u> I Forr</u>	n - Missii	ng Pei			Effe	cts 5	30(<u>)</u>
	Family name:							AM N	o:				_
	First name(s):												
							-	<i>Age</i>	Male	Female	Unk	nov	νn
	Date of birth:		Day		Month		Year						
	a = Data not available			b = Attachm				c = Fu	rther info	on page Sup.			
	CTS (possibly carried on p Clothing Items	No:		luggage) Type	;2	Colour	¦3	Label	4	Material	<u> a</u>	b	
	Head	140.	<u> </u>	Type		Colour		Laber		Material			Ŧ
	and neck	1	 				-		;				
	101 Headcover		i I				- I I I		 			F	
Ì	102 Scarf 103 Tie		<u> </u>		<u> </u>		<u> </u>		!			L	
١	199 Other	1	 										
ŀ	Jpper part of the	\vdash	İ		<u>:</u>		<u> </u>		<u>;</u>			⊢	
ŀ	oody and arms	1	; 1		1								
1	201 Blouse 202 Braces	\vdash							-			\vdash	
	203 Brassiere	1 :	 - -		ì								
I	204 Cardigan	 	· 				-		- 			\vdash	-
	205 Coat 206 Gloves	1 ;	 		! !		!		:				
1	206 Gloves 207 Overcoat				\div		-i		i			H	-
1	208 Pullover	1 :	 						;				
I	209 Shirt 210 T-shirt		ı		<u> </u>				:			T	
	210 1-snirt 211 Undershirt		; !						i				
1	212 Waistcoat								:			Г	
	299 Other		<u> </u>		<u> </u>		<u> </u>		<u> </u>			L	
	ower part of the	1	 		!		1 1 1		 				
ľ	oody and legs 301 Belt	\vdash							<u> </u>			\vdash	-
	302 Shorts	1 :	 - -		Ì								
	303 Skirt	 					-		- i			H	-
	304 Socks	1 ;	 		!		:		:				
	305 Stockings 306 Swimming attire	<u>├</u>			- 		- i		i			H	_
	307 Tights	1 :	i I										
1	308 Trousers		ı		<u> </u>		:		:			T	
	309 Underpants 399 Other		I I				<u> </u>						-
-	Γhe whole of the) 		1		:				
	oody	 			- !		-		!			H	-
	401 Body suit 402 Dress	1 :	i I						-				
	403 Religious/Cultural/				- !		!		!			Г	
	Traditional] 										
	404 Uniform 499 Other		1		1		! !		:			Г	
L	n case of using "x99 Other"	<u> </u>	ı		<u> </u>		<u> </u>		<u> </u>			⊢	-
c	describe the kind of item in		 										
	column "1 Type".		i i		1		 		!			Г	
+	Footwear	No:	1	Туре	2	Colour	3	Label	4	Material	_		Ī
Ί.			-	.,,,,,	-		-	2000	 	material		г	_
	01 Boots 02 Open footwear		J I										_
	03 Shoes	;	 		į		į		į				
	99 Other		 									\vdash	_
1,	Josepha the kind of feetures in		 		:								
	Describe the kind of footwear in column "1 Type", e.g. sports shoes,		ı				-		!			Г	_
	sandals		J !						<u> </u>			L	
			 				ļ						
us	e these colours: Black, Blue,	Browr	n, Gree	n, Grey, Ora	ange, Pir	nk, Purple, Re	ed, White	, Yellow, Unl	known.			_	-
		:						Signature					-
	Name	:											
	Address	:											

Phone / Email : [(EN) Version 2013] 3 of 12

Ante	Mortem (yellow)	IN	TERP	OL D	<u>VI F</u>	orm - N	liss	ing Pers	on				Effect	is 3	300	<u>'s</u>
	Family name:								Α	M No	:					
	_								-							
	First name(s):								_ Ag	ıe.	Male	. 1	Female	Unk	now	'n
	Date of birth:		Day	П	Mor	nth	T	Year	Ī							"
	a = Data not available	<u> </u>	b	= Attac	hmen	<u> </u>			_	c = Furt	her in	fo on pa	age Sup. I	nfo. (700'	 s)
EFFE	CTS (possibly carried on p			luggag	e)										b	
310	Watch	No: 1	1 M	lake	2	Model	3	Colour	4	Mate	rial	5 In	scription			
	01 Digital wristwatch 02 Analog wristwatch	H			!		+		+			!				
	03 Digital/analog w.				!		+		+			!				
	04 If wristwatch, worn on	Left 1		Right 2		Outside 3)	Inside 4								
	05 Watch strap/chain	Leath 1		Metal 2		Rubbei 3	•	Other (spe	ecify	·):						
	06 Watch, other type	Where	e worn: _													
315	Glasses	1	1 M	lake	2	Model	3	Colour	4	Mate	rial	5 In	scription			
	01 Frame				<u> </u>		+		+			!				
	02 Lenses (glass)	Self tii	nting	Tinted		3	s (sp	ecify):	<u>'</u>			1		Т		
	G (g.d.cc)	Round	Н	Oval		Square		Half		Rimles	•	Full r	rim	-		
	03 Shape of lenses	1		2		3		4		5	•	6	,,,,			
	04 Lenses material/type	Glass 1		2		ate Bi-focal 3		Progressiv	/e							
320	Contact lenses	No 1		Yes (i	f colo	ured specif	y):							_		
325	Hearing aids 01 Left	No 1		Yes (s	specify	/) :			S	erial No.	•					
	02 Right	No 1		Yes (5	specify	/):			S	erial No.	•					
330	External prostheses	No 1		Yes (s	specify	/):			S	erial No.				_		
335	Jewellery	No: 1	1 7		2	Colour	;3	Material	4	Inscrip	tion	5 W/	here worn	+-		
	01 Anklet) 0	-		+	material	+			1	1070 110777			
	02 Bracelets 03 Earclips	\vdash			 		+		+			+				
	04 Earrings	├			<u> </u>		-		-			 				
	05 Neck chains 06 Necklace				-											
	07 Nose ring 08 Pendant on chain				!		-					-				
	09 Wedding ring	H			 		÷		÷			! 				
	10 Other rings 99 Other	H			<u> </u>		+		÷			!				
		\sqcup			<u> </u>		<u> </u>					<u> </u>				
					-		-		-							
					-		-		-			-				
					 		+		+			! 				
		H			<u> </u>		<u> </u>		<u> </u>			<u> </u>				
	In case of using "99 Other"				<u> </u>		-		<u> </u>							
	describe the kind of item in column "1 Type".								į							
					1		!					!				
Only	se these colours: Black, Blue,	Brown	. Green	. Grev () Orang	e. Pink Pu	rple	Red. White `	! Yello	w. Unkr	lown	<u>!</u>				
		OWII	, 5,5611	, C.Cy, C	- ang	-,, . u	, p.o.,	, vvilito,								
Colle	otou by	:							Sig	gnature /	' Date					
	Name Address															
	Phone / Email															

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Ante	Mortem (yell	low)	<u> IN</u>	<u>ITEF</u>	<u> RPO</u>	<u>/L D</u>	<u> V </u>	For	<u>rm</u>	<u>- N</u>	<u>/liss</u>	<u>sinç</u>	g P	ers	on					Effects	<u>. 3</u>	<u> </u>	'S
	Fa	mily name:													AM	No	:						
	Firs	st name(s):					·								Age		Male		Fema	ale	Unki	now	'n
	Da	ate of birth:		De	ay [M	1onth				Y	'ear										
		: Data not available				Attac		ent		_		_			c =	- Furt	her info	on pa	age S	Sup. Ir	1fo. (700'	s)
		bly carried on p								_											а	b	С
340	Identity do	ocuments	No:	1 Na	ational	ity 2			Nu	mbe	r		3		Details		4 Bior	metric	:s 5	Chip			
	01 Bank ca 02 Driving I 03 Identity 04 Passpor 99 Other	licence card																	1				
	In case of using																						
	describe the kind column "3 Detail	nd of item in				 							1				1		1				
345	Effects		No:	1	Make	2	:	Mode	e/	3	Colc	our	4	Mate	erial	5 S	erial No	. 6	Mari	kings			
	01 Badges/ 02 Bum bag 03 Currenc 04 Diary/ag 05 Purse 06 Ticket 07 Wallet 99 Other	ng cy genda																					
	In case of using describe the kind column "2 Mode	nd of item in el".								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1			-							
350	Electronic	: devices	No:	1	Make	2		Mode	<i></i>	3	Colc	our	4	Mate	erial	5 S	erial No). [6 	Mar	kings			
	01 Camera 02 Mobile p 03 Music pl 04 SIM 05 Tablet/h 06 Video 99 Other	phone olayer																					
			<u> </u>	!		$\frac{1}{1}$			-	! !			1 1			! 		<u>:</u>				\vdash	
						-	<u> </u>			1			-										
	In case of using describe the kind column "2 Mode	nd of item in		 									 			 		1					
Only u	use these color	urs: Black, Blue,	Browi	n, Gre	een, G	rey, (Ora	nge, I	Pink	, Pu	rple,	Red	, Wh	ite, Y	ellow,	Unkr	iown.				_		
Colle	ected by	Duty Title : Name : Address : Phone / Email :	: :												Signa	ture /	Date						

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\mathbf{A}_{nte}	Mortem (yellow)	IN	ITE	RPO		VI Fo	rm	- Mis	ssi	ng P	erso	on			Е	Body De	scription	4	00	's
	Family name:											ΑM	No):						
	i aililly flaffle.																			
	First name(s):																			
	Data of birth.			 ay		Month	·			Year		Age	_	Male	9	Fema	ale	Unk	now	'n
	Date of birth:	Щ	<u> </u>	ау		JWOTE	<u>′</u> Ш] rear				Ш		Ш				
	a = Data not available			b =	= Attac	hment						c =	Furt	her in	fo on p	age S	Sup. In	<u> </u>		
	Y DESCRIPTION (extern	al) No:	<u>'4</u>		Sca			2		Diarain	~~		3		Totto			a	b	С
404	Specific details	NO:	-		Sca	irs		2		Piercin	gs		-		Tatto	os				
	Head and neck 01 Head 02 Neck																			
	Torso 03 Torso front		: 																	
	04 Torso back 05 Genitalia 06 Buttocks		:										<u>.</u>							
	Upper limbs		:										:							
	07 Right upper arm 08 Left upper arm		!										<u> </u>							
	09 Right forearm	\vdash	!										_							_
	10 Left forearm 11 Right hand	L	<u> </u>										<u> </u>							
	12 Left hand	No:	4		Skin m	narks		5	Ма	alforma	tions		6	Α	mputat	tions				
	Lower limbs 13 Right thigh		-																	
	14 Left thigh 15 Right knee																			
	16 Left knee 17 Right lower leg		!										 							
	18 Left lower leg		!										<u> </u>							
	19 Right foot 20 Left foot		! 										<u> </u>							
							,													
			!										:							
408	Height	Min	!			Max				Min			!	Мах						
	_	 Min		cm	1	/		_cm		Min	_ft		_in	/ Max			_in			
412	Weight	IVIIII		kg		/ <u></u>		_kg				_lb	/	/		_lb				
416	Build	Sligh 1	ht 		Mediu 2 □	ım	Larg	ge												
420	Hair of the head	Natu	ıral		Exten	sions		rpiece		Wig			nplant	ted						
	01 Type	1 Chor] rt <6 c	om / 2	2		3	dium <	12 or	4 🗌 n / 4.7 i	in	5		12 om	/ 4.7 in					
	02 Length	1		<i>J</i> III / 2	.4 111		2		12 (1)	11 / 4. / 1	111			12 (111	174.711	1				
	-	Shar 4	ved										_							
			」 e∕unk	nown	Strea	ked														
	03 Dyed colour	1			2															
		Blon 3			Brown 4	า	Blad 5			Red 6										
		Grey	_		White	•	_	_ ed grey	/	Other	(spec	ify):								
		7	_		8		9	_		10										
	04 Natural colour	Blon 1			Brown 2	า	Blad 3			Red 4										
		Grey	- V		White	•	Mix	ed gre	/	Other	(spec	ify):								
		5 Parti	_		6 Total		7 Eor	ehead		8 Sides		т.	onsur							
	05 Baldness	1			2		3			4			Srisur							
		Des	cribe	(and ι	ıse pa	ge Sup. I	nfo. (700's) 1	or de	etails):										
	06 Distinctive feature(s)	<u>L_</u>																		
<u> </u>	. (. 11											0:	4	/ D :						_
Colle	cted by Duty Title Name	:										Signa	ture /	[,] Date	•					
	Address	:																		
	Phone / Email																			

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\mathbf{A}_{nte}	Mortem (yellow)	INTERPO	OL DVI Form - Missing Person Body Description	4	00	's
	Family name:		AM No:			
	i anniy name.					
	First name(s):		Ann Mala Farrala I	11.		
	Date of birth:	Day	Age Male Female U Month	JIIKI	now	"
	a = Data not available	<u> </u>	= Attachment c = Further info on page Sup. Info	<u>ᆜ</u>	700'	
BOD	/ DESCRIPTION (external +			\rightarrow	-	C
424	Eyebrows 01 Distinctive feature(s)	No 1	Yes (describe and use page Sup. Info. (700's) for details):			
428	Eyes 01 Colour (Left and Right)	Blue 1	Grey Green Brown 2 □ □ 3 □ 4 □ □ Hazel Maroon Pink 6 □ 7 □ 8 □ □			
432	02 Distinctive feature(s)	Cross-eyed 1 R R No	Squint-eyed Artificial eye Other (specify): 2			
	01 Distinctive feature(s)	1	2			
436	Facial hair 01 Type 02 Colour	Shaved 1	Moustache Goatee Whiskers Full beard Other (specify on 6 page 700's) Brown Black Red 2			
440	Ears 01 Ear lobes/pierced	Attached 1 No	Pierced - specify number of piercings 2 Yes 3 Left 4 Right Yes (describe and use page Sup. Info. (700's) for details):			
	02 Distinctive feature(s)	1	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):			
456	Neck 01 Distinctive feature(s)	No 1	Yes (describe and use page Sup. Info. (700's) for details):			
460	Hands/nails 01 Distinctive feature(s)	No 1	Yes (describe and use page Sup. Info. (700's) for details):			
464	Feet/nails 01 Distinctive feature(s)	No 1	Yes (describe and use page Sup. Info. (700's) for details):			
468	Body/pubic hair 01 Distinctive feature(s)	No 1	Yes (describe and use page Sup. Info. (700's) for details):			
472	Circumcision	No 1	Yes 2			
476	Ancestry	European 1 White Mixed (specify) 5	African Asian Other (specify): 2 Black 3 4 5 .:			
480	Fingerprint 01 Number retrieved	No:				
	02 Format	Lifts 1 □	Digital photo 35mm photo Other (specify): 2 3 4			
	03 Development technique	Powder 1	Chemicals Other (specify):			
Colle	Cted by Duty Title : Name : Address : Phone / Email		Signature / Date			

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\mathbf{A}_{nte}	Mortem (yellow)	11	NTE	RP)VI F	For	m -	Mis	ssi	ng Pe	ers	on					Patholog	gy 5	500	's
	Family name:												AM	No	:						
	i anniy name.																				
	First name(s):																_				
	Date of birth:			ay		Mo	onth	Ι	I		Year		. Age		Male		Fer	nale 	Unk	now	'n
	a = Data not available	е		b	= Atta	chmer	nt						C =	Furth	ner in	fo on p	page	Sup. l			
	OLOGY General practitioner	1																	<u>a</u>	b	С
500	Name Street / No. Postcode / Town State / Country Phone / Email																				
505	Medical record lists	No:	1								Specif	y									
	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 contraceptive devices 43 Pregnancy																				
515	Implants	No:	1			Sp	ecify				2			Se	erial N	0.					
	01 Breast 02 Pacemaker																				
	03 Insulin pump 04 Other surgical implants		!																		
	04 Other surgical implants		!								- 										
			<u> </u>																		
			 								!										
520	Prostheses	No 1□	٦		Yes 2□	(specit	fy):														
525	Other artificial aids	No 1]			(specit	fy):														
530	Organs removed	No 1			Yes 2	(specif	fy):														
								_											_	_	
Colle	cted by Duty Title Name	:											Signati	ure /	Date						
	Address	:																			
	Phone / Email																				

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${\pmb A}_{\text{nte}}$	Mortem (yellow)	INTE	RPO	L D	VI Fo	rm -	Mis	sir	ng Po	erson				Pathology	, 5	500	's
	Family nam	e:								AM I	No:						
	First name(s									 Age		Male	F	emale	Unk	now	'n
	Date of birt	h: D	ay		Month	П			Year								
	a = Data not avail		b =	Attach	ment					c = F	urth	er info	on pa	ge Sup. Ir			
	IOLOGY (DNA related in Reference	Type of		DNA-p	rofile	Bioba	nk		Person	nal belonging	ı (en	ecify):			a	b	С
	Missing person (Direct reference)	sample: Date of sample:		/		2			3 erence:		<i>y</i> (3 <i>p</i>)						
	B. (1) (1)									ONSHIPS				0 1	· -		`
Add a	a Ref-No. of the relative on t	ree. Add any in	ntorma	tion, n	ot repre	sented	on b	01010	gicai re	elationships to	amııy	/ tree,	on pag	e Sup. In	10. (7	00.8	;). ——
Re	Grand- mother ef-No:	Grand- father ^{Ref-No:}								Grand- mother Ref-No:				Gran fatho Ref-No:			
Re	Aunt/ uncle ef-No:	Mother Ref-No:								Father				Auni uncl			
	Son/daughter in law Ref-No:	Partner Ref-No: Grand- child Ref-No:	Chil Ref-No:	dren		issing	Ref	Chil	ldren	Partner Ref-No: Grand- child Ref-No:		Son/da in Ref-No:	aughter law			_	
560	Family Reference No: Relationship	Name(s): National I	D-num						_	atory referen	ce:						
	(Please mark the reference of the family tree) Family Reference								Date o	of sample: 							
	<u>No:</u>	National I	D-num	ber:					Labora	atory referen	ce:						
	Relationship (Please mark the reference of the family tree)	Type of sa	ample:						Date o	of sample:							
	Family Reference	Name(s):							•								
	Relationship (Please mark the reference of the family tree)	National I								atory referen — of sample: —	ice:						
Colle	Duty Title Name Address Phone / Emai	: : :								Signatu	ire / i	Date					

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\mathbf{A}_{nte}	Mortem (yellow)	INTER	POL	DVI F	orm -	Miss	ing Pers	on				Odontolo	gy (600)'s
	Family name:						•	AM N	lo:						
	i anniy name.							-	_						_
	First name(s):							100		lala	_	emale	l lal		
	Date of birth:	Day		Mont	th		Year	_ Age	IVI	ale		emale	Ulir	know	71
	a = Data not available	;	b = Atta	achment				c = F	urthe	info o	n pa	ge Sup.			
	NTOLOGY												<u>a</u>	b	С
600	Dentist/clinic Name														
	Street / No. Postcode / Town State / Country Phone / Email														
	01 Period covered 02 Enclosed	Records 1 Radiograph	Frons Cas	sts	Photo	os	To: Other (spe	ecify):		-					
605	Dentist/clinic						-						-	+-	
	Name Street / No. Postcode / Town State / Country Phone / Email														
		Records	Froi	m·			To:								
	01 Period covered	1	1 101	11.			10.								
	20 = 1	Radiograph 1 □			Photo	os	Other (spe	ecify):		-					
	02 Enclosed		2		3		4						_ _	L	
615	Dental images available	1 Digital	2	State r	number	of	3 Non digit	tal 4	Sta	ate nun	nber	of			
	01 PA														
	02 BW		! ! ! !												
	03 OPG		! ! !					!							
	04 CT		: : : :												
	05 Other radiographs		 												
	06 Photographs		 					 							
620	Further material														
Colle	cted by Duty Title :	:						Signatur	re / Da	ate					
	Name :	:													
	Address :	:													
	Phone / Email .							-							

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\mathbf{A}_{nte}	Mortem (yellow)	INTERPOL DVI For	m - Missing Pers	On Odontology	6	00	's
	Family name:			AM No:			
				-			
	First name(s):			. Age Male Female	Unkr	now	'n
	Date of birth:	Day Month	Year				
000	a = Data not availabl	e b = Attachment		c = Further info on page Sup. Ir	nfo. (7	'00':	s)
	NTOLOGY Dental findings (for pri	mary teeth change speci	fic FDI code)				
11	, i	<u>, , , , , , , , , , , , , , , , , , , </u>	1			2	1
12						2	22
13						2	23
14						2	4
15						2	25
16						2	26
17						2	7
18						2	28
RIGHT 18	3 17 16 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 13 12 11	21 22 23	24 25 26 27		28	LEFT
48	3 47 46 45 A5	44 43 42 41	31 32 33	34 35 36 37]	88	
48						3	8
47						3	7
46						3	6
45						3	5
44						-	4
43						3	3
42						3	2
41						3	_
635	Specific data	4 🗆 Сизина	O Douting	2 Imagelanta	а	b	С
	01 Specify	1 Crowns	2 Pontics	3 Implants			
		4 Dentures	5 Other				
640	Other findings 01 Specify	1 Occlusion 4 Supernumeraries	2 Tooth wear 5 Stains	3 Periodontal status			
645	Type of dentition						
	01 Specify	1 Primary dentition	2 Mixed dentition	3 Permanent dentition			
650	1	Date:		Signature:			
	FOd 1	FOd 1 Name:]]		ļ
	FOd 2 (If available)	Date: FOd 2 Name:		Signature:			
Collo	ected by Duty Title	:		Signature / Date			_
Colle	Name	· :		Oignature / Date			
	Address	:					
	Phone / Email	:					

\mathbf{A}_{nte}	Mortem (yello	ow)	INTERP	OL DVI Form	- Missir	ng Pers	son	S	upporting informa	tion 700's
	Far	mily name:					AM N	o:		
							-			
	Firs	t name(s):					_ Age	Male	Female	Unknown
	Da	te of birth:	Day	Month		Year	- /ige			
SUPP	ORTING INFO		erring to data (given on a previou			ite field nu	ımber)		
700	1 Field No. 2				Descripti	ion				
	1 1 1									
	1									
	- - - -									
	; ! !									
	!									
705	<u></u>			Additional S	Supporting In	formation (page (700':	s) 1	No	2 Yes

Ante Mortem (yellow) INTERPOL DVI Form - Missing Person											Append	lix 8	300	l's									
	Family name:	AM No:																					
	First name(s):														Age		Male	,	Fei	male	Unk	now	ın
	Date of birth:			Day		Ϊ		onth				_	/ear										
	a = Data not available	e		b) = /	Attacl	hme	nt	_						c = 1	Furtl	ner in	fo on	page	e Sup.			_
	PPENDIX DNA	Naı	mo:										Email:								<u>a</u>	b	С
010	Typing Laboratory		rre. dres:	<u></u>								'	_111a11. -	•							_		
		City		·									Date o	of sai	mple:						-		
045	Laboratory Standards		· · · · · · · · · · · · · · · · · · ·												<u></u>	_							
815	Laboratory Standards	1	Accredited according to: Not accredited									u											
820	STR kit(s) used	Nai	Name(s) of kit(s) used:																				
825	DNA	Missing person Reference - Ref.no:										+											
	VWA	T					Ť															<u> </u>	
	TH01																						
	D21S11																						
	FGA																						
	D8S1179	T																					
	D3S1358	T																					
	D18S51					-																	
	Amelogenin																						
	TPOX																						
	CSF1PO																						
	D13S317																						
	D7S820																						
	D5S818			•																			
	D16S539																						
	D2S1338																						
	D19S433																						
	Penta D																						
	Penta E																						
	D1S1656																						
	D2S441																						
	D10S1248																						
	D22S1045																						
	D12S391																						
	SE33																						
	D6S1043																						
	Add any information	on no	t rep	oreser	ntec	l of th	ie m	arke	ers a	bove	e, usii	ng d	c-colu	mn/p	age 70	0's S	Suppo	orting	infor	mation			
830		$oxedsymbol{oxedsymbol{oxed}}$								Additi	ional	DN	A pro	file p	age (80)5-8	25)	1	No	2	Y	es	
		:													Signatu	ure /	Date						
	Name Address	:												J									
	Phone / Fmail	:																					

