



NamUs Missing Person Case Data Entry Form

Case Information:

Name of Missing Person: _____
First Middle Last

Maiden Name: _____ Nickname(s): _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

NCIC Number: _____ NCMEC Number: _____

Date of Last Contact: ____ / ____ / ____ Age at Disappearance: ____ to ____ years old

Race (check one): ____ White ____ Black/African American ____ Other
____ Native American ____ Asian/Pacific Islander ____ Unsure

Ethnicity (if applicable): ____ Hispanic/Latino ____ Other

Race/Ethnicity Notes: _____

Sex (check one): ____ Male ____ Female

Height: ____ to ____ inches Weight: ____ to ____ pounds

Blood Type (check one): ____ O+ ____ O- ____ A+ ____ A- ____ B+ ____ B- ____ AB+ ____ AB-

Circumstances:

Type of Address (check one): ____ Address ____ Cross Street ____ Other

Address Last Known Alive: _____

City: _____ County: _____ State: _____ Zip: _____

Foul Play Indicated (check one): ____ Yes ____ No ____ Unknown

Circumstances of Disappearance: _____

Financial Transactions: _____

Physical/Medical:

Hair Color (check one): Brown Black White Sandy
 Red/Auburn Blue Green Purple
 Orange Pink Blonde/Strawberry
 Gray/Partially Gray Unknown or Completely Bald

Head Hair Description: _____

Body Hair Description: _____

Facial Hair Description: _____

Eye Color (check one for each eye): Black Left Right Blue Left Right
Brown Left Right Gray Left Right
Green Left Right Hazel Left Right
Maroon Left Right Pink Left Right
Unknown/Missing Left Right

Eye Description: _____

Check here if you know of other descriptive features: _____

Check any that apply: Amputations Deformities
 Scars/Marks Tattoos
 Piercings Artificial Body Parts
 Finger/Toenails Other distinctive characteristics

Describe each of the above features: _____

Medical (check any that apply): Medical Implants Foreign Objects Organ Absent
 Skeletal Information Prior Surgery Medications
 Drugs of Abuse Known Illnesses Known Allergies
 Medical Conditions/Disorders Other Medical

Describe each of the above features: _____

Clothing and Accessories:

Clothing: _____

Footwear: _____

Jewelry: _____

Eyewear: _____

Accessories: _____

Electronic Communication:

Cell Phone Number(s): _____

Pager Number(s): _____

Email/Screen Names/Internet History: _____

Transportation Methods:

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle Style: _____ Color: _____

Tag Info: _____ VIN: _____

Airline/Bus Information: _____

Other Comments: _____

Secondary Parties:

Relationship: _____ Description: _____

Name: _____

First

Middle

Last

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Comments: _____

Fingerprint Information:

___ Fingerprint Information is Available (explain): _____

___ Fingerprint Information is Not Available

Comments: _____

DNA Information:

DNA Availability (check one): Sample Currently Not Available Sample Submitted, Not Complete
 Initial Inquiry Underway Complete
 Sample Available, Not Yet Submitted

Sample Relationship (check one): Mother Father Brother
 Sister Son Daughter
 Missing Person Other: _____

Sample Submitted To (check one): Arizona DPS Laboratory FBI Laboratory
 Bode Technology LSU Faces Laboratory
 California Dept. of Justice New York OCME
 Connecticut State Laboratory University of North Texas
 Other: _____

Type of Profile(s) Available (check all that apply): STR Y-STR mtDNA

Sample Reference Number: _____ Lab ORI: _____

Comments: _____

Dental Information:

Available Records (check all that apply):

- X-Rays Available (dental films) Models Available (dental casts) Braces
- Photographs Available Baby/Primary Teeth Present Retainer
- Fillings/Crown Present Removable Denture Implants
- Upper Jaw Has No Teeth Lower Jaw Has No Teeth Bridge Work
- Root Canal

NCIC Dental Codes Available for Entry: Yes (attach dental coding form) No

Dental Comments: _____

Dentist Name: _____

Dentist Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Investigating Agency Information:

Investigating Officer/Contact: _____

Agency: _____

Jurisdiction (check one): Local County State Federal

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Case Number: _____ Date Reported: _____ / _____ / _____

Comments: _____

Additional Investigating Agency Information (if applicable):

Investigating Officer/Contact: _____

Agency: _____

Jurisdiction (check one): Local County State Federal

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Case Number: _____ Date Reported: _____ / _____ / _____

Comments: _____

Use This Space for Any Additional Information You Wish to Provide:

