

Eye Investigate
(707) 395-0215
(858) 568-4976

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.
Please comment on any additional information on the back of this form.

RELATIVE/GUARDIAN INFORMATION *(Please print clearly in Black Ink)*

Name of Relative/Guardian:

_____ First Middle Last

Address: _____

_____ City State
Zip -----

Phone: (____) _____ Fax: (____) _____ Email: _____

Relationship to Missing Person:

MISSING PERSON INFORMATION:

Name: _____ Nickname: _____
 First Middle Last

Social Security #: _____ NCIC#: _____

Date of Birth: _____ Date Missing: _____ Age at Time: _____

Missing From: _____
 County City State

Location Person Last Seen: (include street address, cross streets, state)

Circumstances of Disappearance:

Sex: (Circle One) Male Female **Height:** _____ Feet _____ Inches **Weight:** _____ lbs
Race: (Check One) () American Indian () Asian () Black () Hispanic () White () Bi-Racial/Other

Complexion: () Light () Medium () Dark **Hair Length:** () Shaved () Short () Medium () Shoulder Length () Long
Hair Color: () Bald () Black () Blonde () Brown () Gray () Lt. Brown () Red () Sandy () White () Other _____

Eye Color: () Black () Blue () Brown () Green () Gray () Hazel () Pink (albino) **Wears glasses/Contacts?** _____

Type: _____

Identifying Marks/Characteristics (e.g. scars, birthmarks, tattoos, piercings, walk/stride): _____

Jewelry:

Last seen wearing (clothing, shoes, coats/jackets, hats; specify color/style):

INVESTIGATING LAW ENFORCEMENT AGENCY:

Detective Name: _____ Phone: (____) _____ Fax: (____) _____

Address: _____

County _____

City _____

State _____

Zip _____