



Central Police Services Forensic Laboratory

Missing Person and Family Reference Sample Form

Name of Missing Person: _____
Last First MI

Missing Person's Date of Birth: _____ Age when missing: _____ Approx. Height/Weight: _____

Sex of Missing Person: Female Male Medical Anomalies (scars, tattoos, medical devices, etc.): _____

Race: African – American
 Asian
 Caucasian
 Hispanic

Other (Please Specify) _____ Are dental records available: Yes No

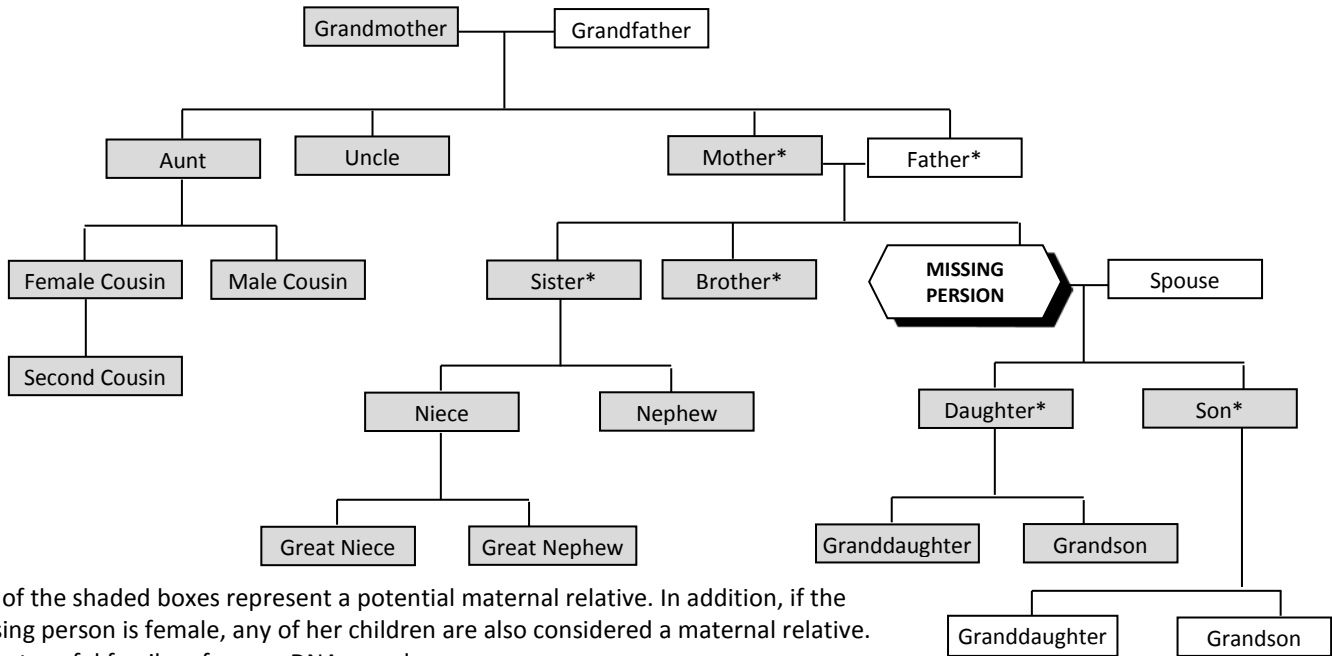
Family Member Providing Reference Sample: _____
Last First MI

Sex of Family Member: Female Male Relationship of Family Member to Missing Person: _____

Race: African – American
 Asian
 Caucasian
 Hispanic
 Other (Please Specify) _____

Note: The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers, or sisters (indicated on chart below with a star). However, close maternal relatives of the missing person allows for analysis of both nuclear and mitochondrial DNA.

CIRCLE BOX BELOW INDICATING RELATIONSHIP TO MISSING PERSON



Any of the shaded boxes represent a potential maternal relative. In addition, if the missing person is female, any of her children are also considered a maternal relative.

* most useful family reference DNA samples



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I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide oral swab samples for DNA analysis and entry into to the Combined DNA Index System (CODIS) database to be searched for purposes of identifying my missing family member.

**Signature of family member or
legal guardian giving consent:** _____ **Date:** _____

Law enforcement Agent collecting DNA sample/Witness:

I, _____ on _____ at _____ : _____ a.m./p.m. have
print name date time circle one

verified the identity of the individual who is providing the DNA sample.

Print name: _____

Signature: _____

Name of Collecting Law Enforcement Agency: _____

Address: _____

Phone Number: _____

Email address: _____