

## Annex 2

### Missing Persons Form

<b>Missing Person Number/Code:</b> (Use unique numbering and include it on associated files, photographs or stored objects.)
<b>Interviewer name:</b>
<b>Interviewer contact details:</b>
<b>Interviewee(s) name(s):</b>
<b>Relationship with missing person:</b>
<b>Contact details</b>
Address: .....
Telephone: ..... E-mail: .....
<b>Contact person for missing person, if different from above:</b> (who to contact in case of news: name/contact details)

MP N°./Code: ..... **Missing Persons Data****A. PERSONAL DETAILS**

<b>A.1</b>	<b>Missing person's name</b>	Include surname, father's and/or mother name, nicknames, aliases:				
<b>A.2</b>	<b>Address/Place of residence</b>	Last address and usual address if different from the former:				
<b>A.3</b>	<b>Marital status</b>	Single	Married	Divorced	Widowed	Partnership
<b>A.4</b>	<b>Sex</b>	Male	Female			
<b>A.5</b>	<b>If female</b>	Unmarried name:				
		Pregnant	Children	How many?		
<b>A.6</b>	<b>Age</b>	Date of birth:			Age:	
<b>A.7</b>	<b>Place of birth, nationality, principal language</b>					
<b>A.8</b>	<b>Identity document</b> (Main details, N°, etc.)	If available, enclose photocopy of ID				
<b>A.9</b>	<b>Fingerprints available?</b>	Yes	No	Where:		
<b>A.10</b>	<b>Occupation</b>					
<b>A.11</b>	<b>Religion</b>					

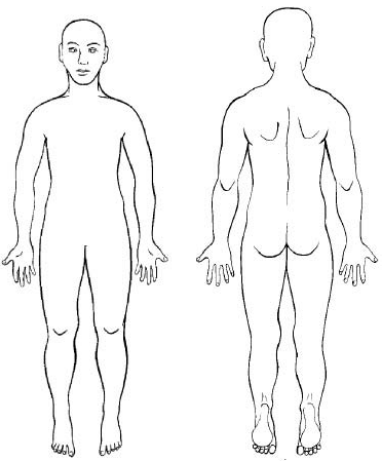
**B. EVENT**

<b>B.1</b>	<b>Circumstances leading to disappearance:</b> (use additional sheet if necessary)	Place, date, time, events leading to disappearance, other victims and witnesses who last saw Missing Person alive (incl. name and address):				
	<b>Has this case been registered/ denounced elsewhere?</b>	Yes	No	With whom/where:		
<b>B.2</b>	<b>Are other family members missing, and if so, have they been registered/identified?</b>	List name, relationship, status:				

MP N°/Code: ..... Missing Persons Data

**C. PHYSICAL DESCRIPTION**

<b>C.1</b>	<b>General description</b> (indicate exact measure, or approximate AND circle the corresponding group)	Height (exact/estimated?):	Short	Average	Tall	
		Weight:	Slim	Average	Fat	
<b>C.2</b>	<b>Ethnic group/Skin color</b>					
<b>C.3</b>	<b>Eye color</b>					
<b>C.4</b>	<b>a) Head hair</b>	Color:	Length:	Shape:	Baldness:	Other:
	<b>b) Facial hair</b>	None	Moustache	Beard	Color:	Length:
	<b>c) Body hair</b>	Describe				
<b>C.5</b>	<b>Distinguishing features</b> <b>Physical</b> e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities	Continue on additional sheets if needed. Use drawings and/or mark the main findings on the body chart.				
	<b>Skin marks</b> scars, tattoos, piercings, birthmarks, moles, circumcision, etc.					
	<b>Past injuries/ amputations</b> include location, side, fractured bone, joint (e.g., knee), and if person limped					
	<b>Other major medical conditions</b> operations, diseases, etc.					
	<b>Implants</b> pacemaker, artificial hip, IUD, metal plates or screws from operation, prosthesis, etc.					
	<b>Types of medications</b> used at time of disappearance					



MP N°/Code: ..... Missing Persons Data

<p><b>C.6 Dental condition</b> Please describe general characteristic, especially taking into account the following:</p> <ul style="list-style-type: none"> <li>• Missing teeth</li> <li>• Broken teeth</li> <li>• Decayed teeth</li> <li>• Discolorations, such as stains from disease, smoking or other</li> <li>• Gaps between teeth</li> <li>• Crowded or crooked (overlapping) teeth</li> <li>• Jaw inflammation (abscess)</li> <li>• adornments (inlays, filed teeth etc)</li> <li>• any other special feature</li> </ul> <p><b>Dental treatment</b> Has the Missing Person received any dental treatment such as</p> <ul style="list-style-type: none"> <li>• Crowns, such as gold-capped teeth</li> <li>• Color: gold, silver, white</li> <li>• Fillings (incl. color if known)</li> <li>• False teeth (dentures)- upper, lower</li> <li>• Bridge or other special dental treatment</li> <li>• Extraction</li> </ul> <p>Also indicate wherever there is uncertainty (for example, the family member may know that an upper left front tooth is missing, but is unsure which one).</p>	<p>If possible, use a drawing, and/or indicate the described features in the chart below</p> <p>If the missing person is a child, please indicate which baby teeth have erupted, which have fallen out and which permanent teeth have erupted and use the chart below</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="580 1361 863 1890"> <p><b>BABY/PRIMARY TEETH</b></p> </div> <div data-bbox="1002 1361 1313 1765"> <p><b>ADULT/PERMANENT TEETH</b></p> </div> </div>
---	---

MP N°/Code: ..... **Missing Persons Data****D. PERSONAL EFFECTS**

<b>D.1</b>	<b>Clothing</b> (worn when last seen/at time of disaster)	Type of clothes, colors, fabrics, brand names, repairs: describe in as much detail as possible.
<b>D.2</b>	<b>Footwear</b> (worn when last seen/at time of disaster)	Type (boot, shoes, sandals), color, brand, size: describe in as much detail as possible.
<b>D.3</b>	<b>Eyewear</b>	Glasses (color, shape), contact lenses: describe in as much detail as possible.
<b>D.4</b>	<b>Personal items</b>	Watch, jewelry, wallet, keys, photographs, mobile phone (incl. number), medication, cigarettes, etc: describe in as much detail as possible.
<b>D.5</b>	<b>Identity documents</b> (which the person was/might have been carrying when last seen/at time of disaster)	Identity card, driving license, credit card, video club card, etc. Take photocopy if possible. Describe the information contained.
<b>D.6</b>	<b>Habits</b>	Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc. Please describe, incl. quantity.
<b>D.7</b>	<b>Doctors, medical records, X-rays</b>	Give details of doctor, dentist, optometrist, or other.
<b>D.8</b>	<b>Photographs of missing person</b>	If available, enclose photos or copies of photos as recent and clear as possible, ideally smiling (with teeth visible). Also, photos of clothing worn when disappeared.

**Note:** The information collected in this form will be used for the search and identification of the missing person. Its content is confidential and any use outside of the intended context will need explicit consent by the interviewee.

Place and date of interview: .....

Interviewer signature: ..... Interviewee signature: .....

If requested, a copy of this form with contact details of interviewer should be made available to the interviewee.

**Note:** Those interested in adapting or copying this form, please download it, in MS Word or PDF format, at [www.paho.org/disasters](http://www.paho.org/disasters) (click on Publications Catalog, and see the special page about *Dead Bodies in Disaster Situations*).