

Date Reported: \_\_\_\_\_

Incident #: \_\_\_\_\_

## MISSING PERSON CERTIFICATION (Adult & Juvenile)

**In order to reassure that the right of privacy of individuals will not be violated:**

The National Crime Information Center (NCIC) requires that the law enforcement agency have **in its possession** written documents certifying that one of the four following conditions exist, **prior** to entering a missing person into NCIC records.

1. The person I am reporting as missing is under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
2. The person I am reporting as missing is missing under circumstances indicating that the disappearance was not voluntary.
3. The person I am reporting as missing is in the company of another person under circumstances indicating that his/her physical safety is in danger.
4. The person I am reporting as missing is under the age of 18 and whose custody and control is vested in me. Further, that said, the missing person does not meet any of the criteria set forth in numbers 1, and 3 above.

The individual is missing pursuant to item number \_\_\_\_\_ above and I request that said individual be entered into the NCIC record as a missing person.

### Authorizing Person's Information

Print or Type Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Relationship to Missing Person: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CHECK IF PHOTO PROVIDED

Witnessed by: Officer Name/Badge # \_\_\_\_\_

**I HEREBY ACKNOWLEDGE that if said missing person is a juvenile, I am responsible for transporting said juvenile from the place of location to his/her residence and upon notification of the whereabouts of said individual, I will immediately make arrangements for safe transportation. BEING THE PARENT OR LEGAL GUARDIAN OR LEGAL CUSTODIAN of said juvenile, I hereby authorize temporary detainment pursuant to application Wisconsin Statutes.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Disability

Endangered

Involuntary

Catastrophe

Juvenile

Other

**Personal Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Sex: Male Female Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Skin tone: \_\_\_\_\_ Scars, Marks, Tattoos: \_\_\_\_\_

Circumcision: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Footprint Available: Yes No Body X-Ray: Yes No

Fingerprint Classification: \_\_\_\_\_ Corrective Vision Prescription: \_\_\_\_\_

FBI Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Misc. Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Operator's License Information**

Number: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

**License Plate Information**

Number: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_ Type: \_\_\_\_\_

**Vehicle Information**

Vehicle Identification #: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_ Color: \_\_\_\_\_

**Jewelry Description:** \_\_\_\_\_

**Clothing Description:** \_\_\_\_\_

**Other Information**

Date of Last Contact: \_\_\_\_\_ DNA Available Yes No DNA Location: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_