



## Missing Person Questionnaire

*NOTE: This questionnaire is intended to be used as a guide to assist in developing the missing person profile and classification of missing subject type. Information collected will be useful for investigative purposes, as well as establishing search strategy.*

**Basic Information:**

Full Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_

**Point Last Seen (PLS)** *\*Note: PLS is a credible eye-witness report that identifies a location and time of the missing subject. LKP is based on evidentiary value such as the discovery of the missing vehicle.*

Where: \_\_\_\_\_

When: \_\_\_\_\_

**Last Known Point (LKP):** *\*Note: LKP is based on evidentiary value such as the discovery of the missing vehicle.*

Where: \_\_\_\_\_

When: \_\_\_\_\_

Circumstances of being missing: \_\_\_\_\_

What has been done so far to try and locate the missing person (phone calls, text messages, searches, etc.)?

Does this person have a cellular phone (yes, no, unknown)? If so, list the number and carrier information:

Has this person previously been reported missing? What were the circumstances and where/how were they located?

**Physical Description:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Build: \_\_\_\_\_

Hair Color/Length of Hair: \_\_\_\_\_ Eye color: \_\_\_\_\_

Any Markings – such as tattoos, birthmarks, scars, etc.: \_\_\_\_\_  
\_\_\_\_\_

Beard/Mustache/Sideburns: \_\_\_\_\_

**Clothing that the Missing Person was Wearing at the Time Last Seen:**

Style and color of shirt: \_\_\_\_\_

Style and color of pants: \_\_\_\_\_

Style and color of jacket or outerwear: \_\_\_\_\_

Type of headwear: \_\_\_\_\_

Type of glasses: \_\_\_\_\_

Type of gloves: \_\_\_\_\_

Describe jewelry: \_\_\_\_\_

Size and type of footwear: \_\_\_\_\_

Are recent photos of the missing person available? \_\_\_\_\_

**Trip Plans of the Missing Person the Day They Went Missing:**

What were the missing person's plans and/or activities on the day they went missing? \_\_\_\_\_

\_\_\_\_\_

Where was he/she going? \_\_\_\_\_

Why was he/she going there? \_\_\_\_\_

How was the person travelling? \_\_\_\_\_ If travelling by car, were they driving? \_\_\_\_\_

Provide the make and model, color, license plate and registration numbers:

\_\_\_\_\_

Does the person have access to any other vehicles or mode(s) of travel? \_\_\_\_\_

\_\_\_\_\_

**Information About the Last Time Missing Person was Seen:**

The time and location of where he/she was last seen: \_\_\_\_\_

\_\_\_\_\_

The name of the person who last saw the missing person and their phone number:

\_\_\_\_\_

The name of the person who last talked at length with the missing person and their phone number:

\_\_\_\_\_

The direction the missing person was traveling the last time seen: \_\_\_\_\_

\_\_\_\_\_

The frame of mind of the missing person the last time seen: \_\_\_\_\_

Was the missing person concerned about anything before he/she went missing? \_\_\_\_\_

\_\_\_\_\_

What is the persons' normal pattern at the time of day that they went missing? \_\_\_\_\_

\_\_\_\_\_

**Overall Health and Condition of the Missing Person:**

Physical condition: \_\_\_\_\_

List any known medical problems: \_\_\_\_\_

Is the person suffering from Alzheimer’s disease, dementia, or memory loss? \_\_\_\_\_

If so, are they registered on *Safe Return* or *Project Lifesaver*? \_\_\_\_\_

If they are registered on *Safe Return*, what is their registration number? \_\_\_\_\_

Are they wearing a *Safe Return* identification bracelet or carrying an identification card? \_\_\_\_\_

Is English the person’s first language? \_\_\_\_\_ If no, which language is? \_\_\_\_\_

List any handicaps or disabilities: \_\_\_\_\_

List any psychological problems: \_\_\_\_\_

List any medications that the person is taking: \_\_\_\_\_

Any addictions that the person has: \_\_\_\_\_

Provide the name of the missing person’s family physician: \_\_\_\_\_

Provide the name of the missing person’s dentist, if possible: \_\_\_\_\_

**Potential People that the Person Would Contact:**

List all of the people who the missing person may try to contact. Try to include addresses and telephone numbers. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Habits and Personality of Missing Person:**

Does the person smoke? \_\_\_\_\_ If yes, what brand of cigarettes? \_\_\_\_\_

Does the person drink alcohol? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Does the person use recreational drugs? \_\_\_\_\_

Does the person chew gum, tobacco, and/or favorite candies?  
\_\_\_\_\_

What type of recreation or activities does the person engage in including hobbies? \_\_\_\_\_

Are there habits that the person has? \_\_\_\_\_

Does the person have particular banking habits? \_\_\_\_\_

What type of personality does the person have? \_\_\_\_\_

Is the person outgoing or quiet? \_\_\_\_\_ Is the person friendly or depressed? \_\_\_\_\_

What are the values and philosophy of the person? \_\_\_\_\_

Is the person religious? \_\_\_\_\_

Does the person have any emotional problems? \_\_\_\_\_

What level of education or training does the person have? \_\_\_\_\_

Does the person go to any particular areas, bars, taverns or places of interest? \_\_\_\_\_

Was the person carrying any weapons or firearms? Do they know how to use them? \_\_\_\_\_

Is this person a military veteran? \_\_\_\_\_ If yes: What branch of service? \_\_\_\_\_

What was their training / background? \_\_\_\_\_

Where were they stationed and when? \_\_\_\_\_

Does this person have any survival or wilderness training? \_\_\_\_\_

Would the person trust us if found? Is there something or someone I should know about to help establish trust? \_\_\_\_\_

**Advanced Information:**

Birthplace: \_\_\_\_\_

Nicknames, if any: \_\_\_\_\_

Current Address: \_\_\_\_\_

How long have they resided at this address? \_\_\_\_\_

Who else lives there? \_\_\_\_\_

Do they stay anywhere else? \_\_\_\_\_

Previous Addresses/cities/Locations: \_\_\_\_\_

\_\_\_\_\_

Current employer(s): \_\_\_\_\_

Former employer(s): \_\_\_\_\_

**Additional Notes and Information:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Contact information for the primary person(s) providing the background information of the missing person: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_