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: ____________________________________________________________

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<thead>
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<th>Last</th>
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<th>Middle</th>
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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:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Person completing this form: ___________________________ Date: ________________