

VIP Personal Information

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Name _____ / _____ / _____ Gender Male Female
Last First Middle Maiden/Birth name _____

Address _____ Phone (H) _____

City _____ State _____ Zip _____ Phone (W) _____

Res County _____ Res Country _____ Phone (O) _____

Live Inside City Limits Yes No Race: African American Hispanic Asian/Pacific Islander
 Caucasian Native American Other _____

Social Security # / Other _____ Date of Birth _____ Age _____
(MM/DD/YYYY)

Citizenship (1 or more) _____ Highest Education Level:

Naturalization Card Yes No Religion _____ Elem/Second (0-12): _____

College (1-5+): _____

Birth Hospital _____ Birth City _____ State/Country _____

Alias 1 _____ 2 _____
Last First Middle Last First Middle

Group Status: Traveling Alone Group such as family, company, sports team or school

Group Type: _____ Fam/Grp Name: _____

If family group, please list other family members below:

Related to _____

Marital Status Married Never Married Widowed Divorced Separated Unknown Wedding Date _____
(MM/DD/YYYY)

Spouse _____ Living Deceased Unknown
Last Maiden/Birth name First Middle

Father _____ Living Deceased Unknown
Last First Middle

Mother _____ Living Deceased Unknown
Last Maiden/Birth name First Middle

Legal Next of Kin _____ Phone _____
Last First Middle

Address: _____ On Site Phone _____
City _____ State _____ Zip _____

Relationship: Wife Father Brother Son Employer Other _____
 Husband Mother Sister Daughter Friend

Informant 1: Name _____
Last First

Address _____ Phone _____

City _____ State _____ Zip _____ On Site Phone _____

Relationship Wife Father Brother Son Employer Other
 Husband Mother Sister Daughter Friend

Please place other here

Informant 2: Name _____
Last First

Address _____ Phone _____

City _____ State _____ Zip _____ On Site Phone _____

Relationship Wife Father Brother Son Employer Other
 Husband Mother Sister Daughter Friend

Please place other relationship here

Coroner/ME/Lead Agency _____

Incident Location _____ Incident Name _____

VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Male
 Female

Dentist Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

- | | |
|--|---|
| <input type="checkbox"/> Extensive Dental Work | <input type="checkbox"/> Most/all teeth |
| <input type="checkbox"/> Lower dentures | <input type="checkbox"/> Dental Films |
| <input type="checkbox"/> Upper dentures | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Upper & Lower | <input type="checkbox"/> Other |
| <input type="checkbox"/> Partial Plate | |
| <input type="checkbox"/> Braces | |
| <input type="checkbox"/> No teeth | |

Dentist 2 _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Medical Radiographs? Physician(s) _____

Yes
 No

Address _____

Medical Radiographs Location

Potential Type of Radiographs - and dates taken if known

Objects in Body: Pacemaker Steel plate Shrapnel
 Bullets Needles Other

Old Fractures: Description: _____
 Yes No _____

Please place other objects here

Surgery Gall Bladder Laparotomy Breast Implants
 Appendectomy Caesarean Open heart
 Tracheotomy Mastectomy Other

_____ Please place other surgery here

Unique Characteristics Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics

Yes No

Prosthetic

Prosthetic Location/Description

Yes _____
 No _____

Prints on File: Prints Located

Yes No

Fingerprints _____
 Footprints _____

Employer & Address Please list last employer if retired - Information on additional employers should be placed on page 6

Type of Business _____

Occupation _____

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Name _____ / _____ / _____
Last First Middle

Height inches Less than 24 24-36" 37-48" 49-60" 61-72" 73-84" 85-96" Over 96"

Weight in Pounds less than 10 41-60 101-120 161-180 221-240 281-300
 11-20 61-80 121-140 181-200 241-260 Greater than 300
 21-40 81-100 141-160 201-220 261-280

Male
 Female

Eye Color Blue Green Grey Brown Hazel

Eye Status Missing R Glass R Cataract R Blind R
 Missing L Glass L Cataract L Blind L

Optical Glasses Contacts None

Description _____

Hair Color Auburn Brown Gray Salt & Pepper Other
 Blonde Black Red White _____
Please place other here

Hair Colored Yes No Unknown **Color** _____ **Hair Style** _____

Hair Accessory Wig Toupee Hair Piece Hair Transplant

Hair Length Short 1-3" Medium 4-8" Long 8-12" Very Long 12-24" Over 24" Bald

Hair Description _____

Facial Hair Color Blonde Brown Black Gray Red Salt & Pepper White N/Applicable

Facial Hair Type Beard Beard & Moustache Moustache Clean Shaven Goatee N/Applicable

Facial Hair Style Fu Manchu Mutton Chops
 Handle Bar Pencil Thin Upper Lip
 Whiskers Under Lower Lip Full Upper Lip

Facial Hair Notes _____

Ear Lobes Attached Unattached Unknown **Circumcision** Yes No Unknown NA

Fingernail Type Natural Artificial Unknown **Length** Extremely Long Long Medium Short

Fingernail Color _____ **Fingernail Characteristics** Bites Mishapen Decorated Stained
Description _____

Toenail Color _____ **Toenail Characteristics** Bites Mishapen Decorated Stained
Toenail description _____

Complexion: Light Medium Dark Acne Tanned Olive Ruddy

Tan Mark Description _____

Tattoo(s) Yes No **Description/ Body Location** _____

Can family draw a picture?

Tattoo Photos Yes No Unknown NA **Tattoo Photo Location** _____

Body Piercing(s)? Yes No

Body Piercing Location(s) _____

Body Piercing Description _____

VIP Personal Information

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Name _____ / _____ / _____ Male Female
Last First Middle

A= Data not available B= Photo C= Further information available on page 6

#	Clothing Items	Material	Color	Description	Size	A	B	C
01	Hat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Overcoat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Scarf					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Gloves					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Jacket					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Suspenders/Braces					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sweater					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Vest					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Tie					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Shirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Blouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Undershirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Chemise/Camisole					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bra					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Underpants					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Girdle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Slip					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Trousers/Slacks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Shorts/walking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Dress					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Skirt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Socks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hose/Stockings					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Tights					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Belt					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Belt Buckle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Other 1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Other 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Other 3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Other 4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIP Personal Information

Name _____ / _____ / _____ Male Female
Last First Middle

Shoes

A= Data not available B= Photo C= Further information available on page 6

#	Material	Color	Description	Label	Size US	Size cm	A	B	C
01 Shoes							<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Watch

A= Data not available B= Photo C= Further information available on page 6

#	Type	Material	Color	Description	Make	Inscription	A	B	C
01	Digital						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Analog						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Other						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

04 **Worn** Right Wrist Left Wrist Finger Pin On Pocket Watch

05 **Band** Leather Metal Other Specify Other _____ Band Color _____

A= Data not available B= Photo C= Further information available on page 6									
#	Jewelry	Material Color	Stone Color	Description	Inscription	Where Worn	A	B	C
01	Wedding Ring						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
02	Finger Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
03	Ear Rings						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
04	Earclips						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
05	Neck Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
06	Pendant Chain						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
07	Other Chains						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
08	Bracelets						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
09	Medic Alert						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
10	Other2						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
11	Other3						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
12	Other4						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
13	Other5						<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Use this space for more info regarding jewelry:

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Name _____ / _____ / _____
Last First Middle

Male
 Female

Wallet: Description _____

Contents _____

Purse: Description _____

Contents _____

Other Personal Effects

Ever in Armed Forces? Yes No Unknown Military Branch _____

Military Service Number _____ Nation Served _____

Approximate Service Date _____

Additional Data

VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

SS# _____
 Male Female

Potential Living Biological Donors

Mother/Father of Missing Individual

Consent Form

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Brother and Sisters of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Spouse of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Children of Missing Individual

Name	Age	Address	Phone	DNA Collected	Signed
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Primary donor for Nuclear DNA Analysis

An “appropriate family member” for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, OR
2. **Spouse** and Natural (Biological) **Children**, OR
3. A Natural (Biological) Mother or Father and victim’s biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)

VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Interview Location _____ Interview Date _____ Interview Time _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing Organization _____

Interviewer Home Information

Interviewer Address _____
Street, City State, Zip

Interviewer home phone _____

Interviewer cell phone _____

interviewer work phone _____

Interviewer On-Site Information

interviewer onsite address _____
Street, Hotel, Room #

interviewer onsite phone _____

interviewer onsite cell _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

Coroner/ME/Lead Agency _____

Incident Location _____ Incident Name _____

VIP/DMORT Program

Requested Records List

Victim Last/First/Middle _____

Case # _____

Informant LAsT/First/Middle _____

Address _____

Informant phone _____

On Site Phone _____

Dental

Type	Location	Contact	Phone	Date Ord	Date Rec

Prints

Radiographs

Medical Records

Photo Requests

Requested Records Notes
