DISASTER VICTIM IDENTIFICATION (DVI)

HOW TO USE THE YELLOW ANTE-MORTEM (AM) FORM

Please write legibly.

I. GENERAL INSTRUCTIONS

The AM Form is designed for listing any information that may be obtained from relatives, friends and/or physicians of the possible victim or missing person and that may assist in an identification, in order to compare that information with the data obtained from the dead bodies on the disaster site.

IMPORTANT: Record all information obtainable on the form, since it is impossible to know what data will be obtained from the disaster site.

NOTE: It is important to obtain and forward detailed information as rapidly as possible.

Where provided, use the appropriate figures for description.

EXAMPLE: Section C1: Fill in the figures "0203" in the "No." column at item 24 to designate a pullover and describe the material, etc. In the space provided for this information.

Wherever appropriate, boxes that can simply be marked with a cross are provided. Please use as many of them as possible. This will facilitate electronic processing of the information and also make it possible to handle reports compiled in a foreign language without translation (the Interpol Member States all use the same forms). For this reason, the layout is the same for the AM and PM Forms. Because of this identical layout, some numbered spaces are left blank (e.g. item 31 in section D1: This is the space provided for the description of the state of the body on the pink PM Form).

II. SPECIFIC INSTRUCTIONS

Section A1 & A2	Personal data of the possible victim or missing person.
Section B	Not applicable here (section B of the pink form is the report on the recovery of the body from the site).
Sections C1 to C3	Description of effects (clothing, jewellery, etc.).

(This instruction to be printed on verso of the AM-front page)

Section D1 to D3	Physical description.
Section D4	Record any distinguishing marks (tattoos, etc.).
Section E1 & E2	List any medical information that may assist in identification.
Section F1 & F2	Dental information (cf. instructions on the back of Section F1).
Section G	Record any further information that may assist in identification, and/or continue your description from a previous section (C to F) if there was not enough space.

It should be born in mind that photographs of the clothing, jewellery, etc. described in various sections may be of valuable help for comparison with items found on the disaster site. Please attach such photographs, if available.

(This instruction to be printed on verso of the AM-front page)

A nte M ortem (yellow)

VICTIM IDENTIFICATION

A0

MISSING PERSON

Family name : _ _ _ _ _ _ _ _ _ _ _ _ **No** : ____________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

B I N D I N G H O L E S

Nature of disaster :

Place of disaster :

Date of disaster :

Police force handling identification:	*NCB of (country)*
	Police file No:

Reasons for assuming that person concerned is victim of disaster:

Police officers evaluation	*Is above person a victim?* ☐ *Possibly* ☐ *Probably* ☐ *Undoubtedly*
DNA	☐ *Reference samples collected* ☐ *Profiles ordered* ☐ *Profiles enclosed*

CHECK LIST OF CONTENTS		*Enclosed complete*	*Enclosed in part*	*Lent to Name*	*Date*	*Returned Date*	*Remarks*
A1	**Info. relating to M.P.**						
A2	**Info. rela. to M.P. cont.**						
C1	**Clothing and Foot wear**						
C2	**Personal Effects**						
C3	**Jewellery**						
D1	**Physical description**						
D2	**Physical desc. cont.**						
D3	**Physical desc. cont.**						
D4	**Body sketch**						
E1	**Medical information**						
E2	**Medical inform. cont.**						
F1	**Dental information**						
F2	**Dental inform. cont.**						
G	**Further information**						

B I N D I N G H O L E S

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **A1**

MISSING PERSON

Family name	:	**No** :
Forename(s)	:	
Date of birth	: Day / Month / Year	*Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

	INFORMATION RELATING to MISSING PERSON		**a**	**b**	**c**
00	**Information given by... or:** Name Address **Relationship**	*Date:* 1 ☐ *See item 12* 2 ☐ *See item 13* *Phone/E-mail:*			
01	**Family name**				
02	**Family name at birth**				
03	**Forename(s)**				
04	**Nationality**				
05	**National ID number** Country code				
06	**Name in Chinese Commercial Code**				
07	**Date of birth**	*Day* *Month* *Year* *Age at disap-pearance*			
08	**Marital status**	*Single* 1 ☐ *Engaged(date):* 2 ☐ *Cohabiting* 3 ☐ *Married(date):* 4 ☐ *Separated* 5 ☐ *Divorced* 6 ☐ *Widowed* 7 ☐ *Forename of partner:*			
09	**Occupation**				
10	**Full address** Street/No. Postcode/Town Country				
11	**Religion**	1 ☐ *No* 2 ☐ *Yes (name of religion):*			
12	**Next-of-kin** Name Address Phone/E-mail **Relationship**				
12 A	**Blood relation (DNA)**	*Close relatives known or reference sample for DNA-comparison* 1 ☐ *No* 2 ☐ *Yes - see page G*			
13	**For visual recognition** Name Address Phone/E-mail **Relationship**				

Collected by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone/E-mail :	

BINDING HOLES

BINDING HOLES

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **A2**

MISSING PERSON

Family name : _ _ _ _ _ _ _ _ _ _ _ _ **No** : ________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

	INFORMATION RELATING to MISSING PERSON (cont.)		a	b	c
14	**Ever fingerprinted?**	**1** ☐ *No* **2** ☐ *Yes / Where:* *Date:*			
	If not, are prints obtainable?	**3** ☐ *No* **4** ☐ *Yes / Where:*			
15	**General practitioner** Name Address Phone/E-mail				
16	**General dentist** Name Address Phone/E-mail				
17	**Distinguishing features**				
18	**Photographs**	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________ *Record date:* ________			
19	**Documents**				
	01 Official records	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	02 Police records	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	03 Practitioners records	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	04 Hospital records	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	05 Hospital X-rays	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	06 Dental records	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	07 Dental X-rays	**1** ☐ *Enclosed* **2** ☐ *Obtainable from:* ________			
	08 Dental plate ID-numbers	*(specify):*			
	09 Other records	*(specify):*			

Continued item no 24 (Item 20 - 23 in form PM only)

Collected by	Duty Title : Name : Address : Phone/E-mail :	Signature / Date

BINDING HOLES

BINDING HOLES

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **C1**

MISSING PERSON

Family name : ____________ **No** : ____________

Forenames(s) : ____________

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

CLOTHING AND FOOT WEAR (carried on person or in luggage)	No:	1 *Material*	2 *Colour*	3 *Type*	4 *Label*	5 *Size*	a	b	c
24 Clothing Items									
01 Head and neck 0101 Hat 0102 Scarf 0103 Tie 0199 Other									
02 Upper part of the body and arms 0201 Overcoat 0202 Coat 0203 Pullover 0204 Shirt 0205 Waistcoat 0206 Vest 0207 Dress 0208 Cardigan 0209 Blouse 0210 Petticoat 0211 Chemise 0212 Brassiere 0213 Braces 0214 Gloves 0299 Other									
03 Lower part of the body and legs 0301 Trousers (men) 0302 Underpants 0303 Trousers (women) 0304 Skirt 0305 Panties 0306 Girdle 0307 Corset 0308 Stockings 0309 Tights 0310 Socks 0311 Belt 0312 Belt buckle 0399 Other									
04 The whole of the body 0401 Flying suit 0402 Boiler suit 0403 Trouser suit 0499 Other									
In case of using "xx99 Other" describe the kind of item in column "3 Type.									

25 Foot wear	No:	1 *Material*	2 *Colour*	3 *Type*	4 *Label*	5 *Size*	a	b	c
01 Light shoes **02** Heavy shoes **03** Boots **99** Other *Describe the kind of Foot wear in column "3 Type", eg Sport shoes, Sandals*									

Collected by
Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

BINDING HOLES

BINDING HOLES

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **C2**

MISSING PERSON

Family name : ______________________ **No** : __________

Forename(s) : ______________________

Date of birth : [ ][ ] *Day* [ ][ ] *Month* [ ][ ][ ][ ] *Year* *Male* [ ] *Female* [ ]

a = Data not available b = Photo c = Further information on page G

PERSONAL EFFECTS		a	b	c
26 **Watch** **00** Always wearing **01** Digital **02** Analog **03** Digital/Analog **04** If wrist watch worn on **05** Watch strap/chain	**1** [ ] *No* **2** [ ] *Yes* **No:** | **1** *Material* | **2** *Colour* | **3** *Design* | **4** *Brand* | **5** *Inscription* *Left* **1** [ ] *Right* **2** [ ] *Outside* **3** [ ] *Inside* **4** [ ] *Leather* **1** [ ] *Metal* **2** [ ] *Other (specify):* **3** [ ] ________			
27 **Glasses** **00** Always wearing **01** Frame **02** Lenses (glass) **03** Lenses/Shape **04** Contact lenses **05** Optometrist	**1** [ ] *No* **2** [ ] *Yes* **1** *Material* | **2** *Colour* | **3** *Design* | **4** *Brand* | **5** *Inscription* *Tinted* **1** [ ] *No* **2** [ ] *Yes (specify):* ________ *Strength - Left/Right* **3** [ ] *L* **4** [ ] *R* *Round* **1** [ ] *Oval* **2** [ ] *Square* **3** [ ] / *Half* **4** [ ] *Rimless* **5** [ ] **1** [ ] *No* **2** [ ] *Yes (colour?):* ________ *Strength - Left/Right* **3** [ ] *L* **4** [ ] *R* ________ *Details page G:*			
28 **Identity Papers** **00** Always carrying **01** Passport **02** Driving licence **03** Credit cards **04** Identity card **05** Donor card **06** Travellers cheques **07** Personal cheques **08** Health card **99** Other	**1** [ ] *No* **2** [ ] *Yes* **No:**			
29 **Effects** **00** Always carrying **01** Wallet **02** Purse **03** Money belt **04** Badges/keys **05** Currency **99** Other	**1** [ ] *No* **2** [ ] *Yes* **No:**			

Collected by		Signature / Date
Duty Title	:	
Name	:	
Address	:	
Phone/E-mail	:	

BINDING HOLES

BINDING HOLES

MISSING PERSON

Family name : _ _ _ _ _ _ _ _ _ _ _ _ **No** : ____________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : [ ][ ] *Day* [ ][ ] *Month* [ ][ ][ ][ ] *Year* *Male* [ ] *Female* [ ]

a = Data not available b = Photo c = Further information on page G

JEWELLERY								a	b	c
30	**Rings, chains etc.**	**No:**	**1** *Material*	**2** *Colour*	**3** *Design*	**4** *Inscription*	**5** *Where worn*			
	01 Wedding ring **02** Other finger rings **03** Earrings **04** Earclips **05** Neck chains **06** Necklace **07** Bracelets **08** Other chains **09** Pendant on chain **10** Piercing trinkets **11** Nose ring **12** Anklet **99** Other									
	In case of using "99 Other" describe the kind of item in column "3 Design.									

Collected by

Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

BINDING HOLES

BINDING HOLES

MISSING PERSON

Family name : ____________ **No** : ________

Forename(s) : ____________

Date of birth : [ ][ ] *Day* [ ][ ] *Month* [ ][ ][ ][ ] *Year* *Male* [ ] *Female* [ ]

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION			a	b	c
31					
31 A					
32	**Height**	______*cm* / *Estimated height:* ______*cm* *Source ?*			
33	**Weight**	______*kg* / *Estimated weight:* ______*kg* *Source ?*			
34	**Build** **01** Bodily constitution **02** Head form, front (02-03 see Silhouette sketch) **03** Head form, profile	*Light* **1** [ ] *Medium* **2** [ ] *Heavy* **3** [ ] *Oval* **1** [ ] *Pointheaded* **2** [ ] *Pyramidal* **3** [ ] *Circular* **4** [ ] *Rectangular* **5** [ ] *Quadrangular* **6** [ ] *Shallow* **1** [ ] *Medium* **2** [ ] *Deep* **3** [ ]			
35	**Race** **01** Group/Complexion **02** Type	*Caucasoid* **1** [ ] *Mongoloid* **2** [ ] *Negroid* **3** [ ] / *Light* **4** [ ] *Medium* **5** [ ] *Dark* **6** [ ] *(specify):*			
36	**Hair of the head** **01** Type **02** Length **03** Colour **04** Shade of colour **05** Thickness **06** Style **07** Baldness **08** Other	*Natural* **1** [ ] *Artificial* **2** [ ] *Hair-piece* **3** [ ] *Wig* **4** [ ] *Braided* **5** [ ] *Short* **1** [ ] *Medium* **2** [ ] *Long* **3** [ ] *Shaved* **4** [ ] *Blond* **1** [ ] *Brown* **2** [ ] *Black* **3** [ ] *Red* **4** [ ] *Grey* **5** [ ] *White* **6** [ ] *Light* **1** [ ] *Medium* **2** [ ] *Dark* **3** [ ] *Turning grey* **4** [ ] *Dyed* **5** [ ] *Streaked* **6** [ ] *Thin* **1** [ ] *Medium* **2** [ ] *Thick* **3** [ ] *Straight* **1** [ ] *Wavy* **2** [ ] *Curly* **3** [ ] / *Parted* **4** [ ] *Left* **5** [ ] *Right* **6** [ ] *Middle* *Beginning* **1** [ ] *Advanced* **2** [ ] *Total* **3** [ ] / *Forehead* **4** [ ] *Sides* **5** [ ] *Tonsure* **6** [ ] *(specify):*			

Collected by

Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

BINDING HOLES

BINDING HOLES

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **D2**

MISSING PERSON

Family name : ____________ **No** : ________

Forename(s) : ____________

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)			a	b	c
37	**Forehead** 01 Height/Width	*Low* 1☐ *Medium* 2☐ *High* 3☐ / *Narrow* 4☐ *Medium* 5☐ *Wide* 6☐			
	02 Inclination	*Protruding* 1☐ *Vertical* 2☐ *Receding/slightly or clearly* 3☐*S* 4☐*C*			
38	**Eyebrows** 01 Shape/Thickness	*Straight* 1☐ *Arched* 2☐ *Joining* 3☐ / *Thin* 4☐ *Medium* 5☐ *Thick* 6☐			
39	**Eyes** 01 Colour	*Blue* 1☐ *Grey* 2☐ *Green* 3☐ *Brown* 4☐ *Black* 5☐			
	02 Shade	*Light* 1☐ *Medium* 2☐ *Dark* 3☐ *Mixed* 4☐			
	03 Distance between eyes	*Small* 1☐ *Medium* 2☐ *Large* 3☐			
	04 Peculiarities	*Cross-eyed* 1☐ *Squint-eyed* 2☐ *Artificial eye* 3☐*Left* 4☐*Right*			
40	**Nose** 01 Size/Shape	*Small* 1☐ *Medium* 2☐ *Large* 3☐ / *Pointed* 4☐ *Roman* 5☐ *Alcoholics* 6☐			
	02 Peculiarities	*Marks of spectacles* 1☐*No* 2☐*Yes* *Other (specify):* 3☐ ________			
	(03 see Silhouette sketch) 03 Curve/Angle	*Concave* 1☐ *Straight* 2☐ *Convex* 3☐ / *Turned down* 4☐ *Horizontal* 5☐ *Turned up* 6☐			
41	**Facial hair** 01 Type	*No beard* 1☐ *Moustache* 2☐ *Goatee* 3☐ *Whiskers* 4☐ *Full beard* 5☐			
	02 Colour	*Blond* 1☐ *Brown* 2☐ *Black* 3☐ *Red* 4☐ *Grey* 5☐ *White* 6☐			
42	**Ears** 01 Size/Angle	*Small* 1☐ *Medium* 2☐ *Large* 3☐ / *Close-set* 4☐ *Medium* 5☐ *Protruding* 6☐			
	(02 see Silhouette sketch) 02 Ear lobes/Pierced	*Attached* 1☐*No* 2☐*Yes* / *Pierced - specify number of piercings* 3☐*Left* ______ 5☐*Right* ______			
43	**Mouth** 01 Size/Other	*Small* 1☐ *Medium* 2☐ *Large* 3☐ / *Other (specify):* 4☐ ________			
44	**Lips** 01 Shape/Other	*Thin* 1☐ *Medium* 2☐ *Thick* 3☐ / *Made up* 4☐ *Other (specify):* 5☐ ________			
45	**Teeth** (cf. page F1/F2) 01 Conditions	*Natural* 1☐ *Untreated* 2☐ *Treated* 3☐ *Crowns* 4☐ *Bridges* 5☐ *Implants* 6☐			
	02 Gaps/Missing teeth	*Gaps between front teeth* 1☐*Upper* 2☐*Lower* / *Missing teeth* 3☐*Upper* 4☐*Lower* *Toothless* 5☐*Upper* 6☐*Lower*			
	03 Dentures	*Part. upper* 1☐ *Part. lower* 2☐ *Full upper* 3☐ *Full lower* 4☐ *ID-number(specify):* 5☐ ________			
46	**Smoking habits** 01 Type	*No* 1☐ *Yes* 2☐ / *Cigarettes* 3☐ *Cigars* 4☐ *Pipe* 5☐ *Chewing tobacco* 6☐			

Collected by
Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

BINDING HOLES

BINDING HOLES

MISSING PERSON

Family name : ____________ **No** : ____________

Forename(s) : ____________

Date of birth : [ ][ ] Day [ ][ ] Month [ ][ ][ ][ ] Year Male [ ] Female [ ]

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)			a	b	c
47	**Chin** 01 Size/Inclination	*Small* 1 [ ] *Medium* 2 [ ] *Large* 3 [ ] / *Receding* 4 [ ] *Medium* 5 [ ] *Protruding* 6 [ ]			
	02 Shape	*Pointed* 1 [ ] *Round* 2 [ ] *Angular* 3 [ ] *Cleft chin* 4 [ ] *Groove* 5 [ ]			
48	**Neck** 01 Length/Shape	*Short* 1 [ ] *Medium* 2 [ ] *Long* 3 [ ] / *Thin* 4 [ ] *Medium* 5 [ ] *Thick* 6 [ ]			
	02 Peculiarities	*Goitre* 1 [ ] *Prominent Adams apple* 2 [ ] *Collar/Shirt No:* 4 [ ] *Circumference* 6 [ ] *in cm:*			
49	**Hands** 01 Shape/Size	*Slender* 1 [ ] *Medium* 2 [ ] *Broad* 3 [ ] / *Small* 4 [ ] *Medium* 5 [ ] *Large* 6 [ ]			
	02 Nail length	*Short* 1 [ ] *Medium* 2 [ ] *Long* 3 [ ]			
	03 Peculiarities	*Bitten short* 1 [ ] *Manicured* 2 [ ] *Painted* 3 [ ] *Artificial* 4 [ ] *Nicotine* 5 [ ] *Left* 6 [ ] *Right*			
50	**Feet** 01 Shape	*Slender* 1 [ ] *Medium* 2 [ ] *Broad* 3 [ ] *Flatfooted* 4 [ ] *Arched* 5 [ ]			
	02 Condition/Nail	*Bunion* 1 [ ] *Corn* 2 [ ] / *Painted* 3 [ ] *Defective* 4 [ ]			
	03 Peculiarities	*(Specify):* ____________			
51	**Body hair** 01 Extent	*None* 1 [ ] *Slight* 2 [ ] *Medium* 3 [ ] *Pronounced* 4 [ ]			
	02 Colour	*Blond* 1 [ ] *Brown* 2 [ ] *Black* 3 [ ] *Red* 4 [ ] *Grey* 5 [ ] *White* 6 [ ]			
52	**Pubic hair** 01 Extent	*None* 1 [ ] *Slight* 2 [ ] *Medium* 3 [ ] *Pronounced* 4 [ ] *Shaved* 5 [ ]			
	02 Colour	*Blond* 1 [ ] *Brown* 2 [ ] *Black* 3 [ ] *Red* 4 [ ] *Grey* 5 [ ] *White* 6 [ ]			

53	**Specific details**	No:	1 *Scars/Piercing*	2 *Skin marks*	3 *Tattoo marks*	4 *Malformations*	5 *Amputations*
	01 Head						
	1A Neck/Throat						
	02 Right arm						
	03 Left arm						
	04 Right hand						
	05 Left hand						
	06 Body - front						
	07 Body - back						
	08 Right leg						
	09 Left leg						
	10 Right foot						
	11 Left foot	Indicate specific details on body sketch, page D4.					

54	**Circumcision**	1 [ ] *No* 2 [ ] *Yes* 3 [ ] *Unknown*
55	**Other peculiarities**	

Collected by

Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

BINDING HOLES

BINDING HOLES

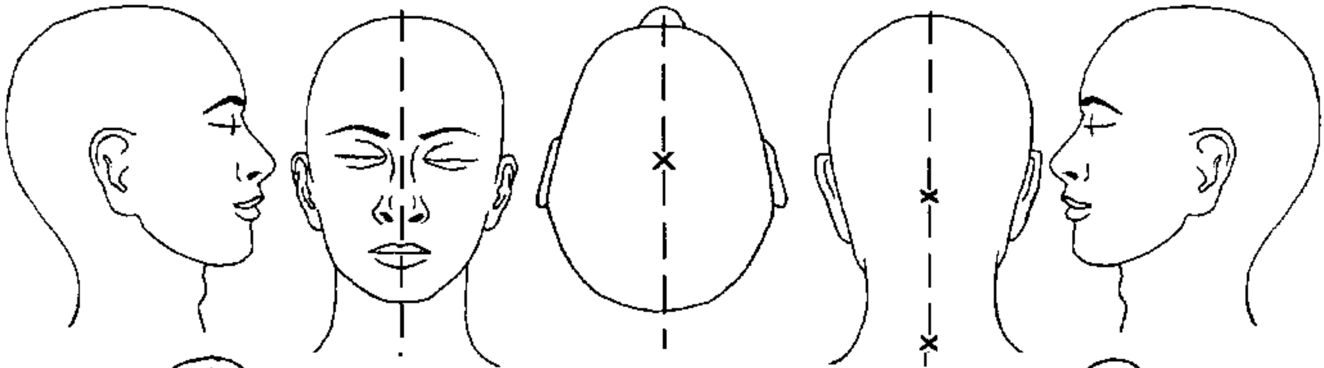
MISSING PERSON

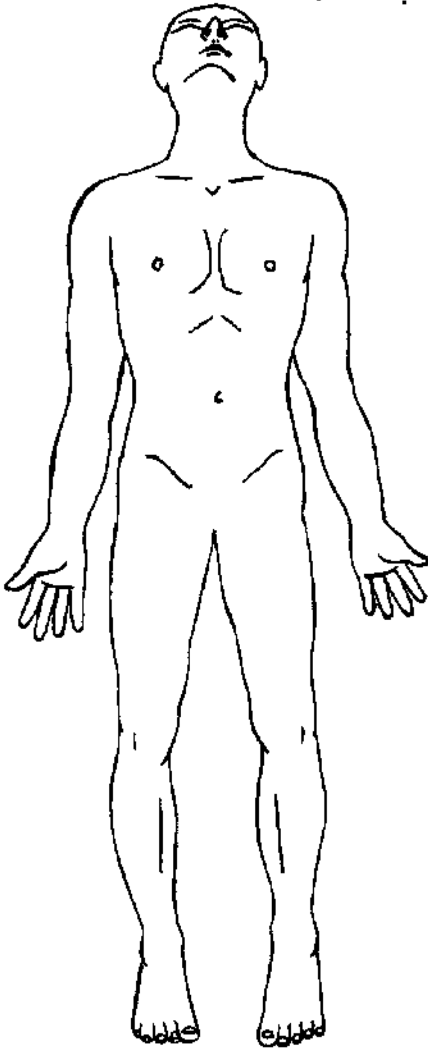
Family name : _ _ _ _ _ _ _ _ _ _ _ _ No : ____________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

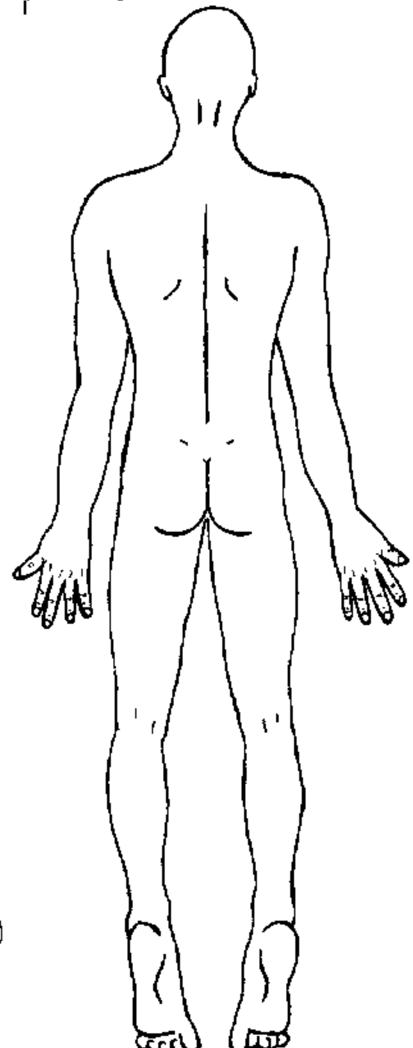
BODY SKETCH **(described in item 53)**

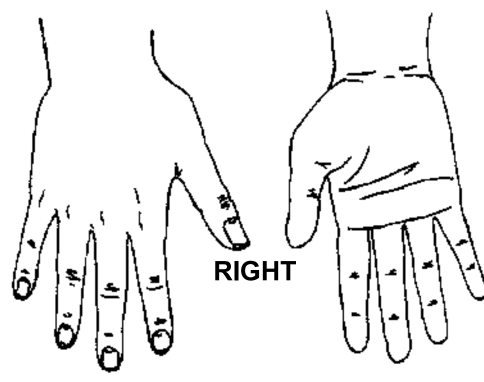


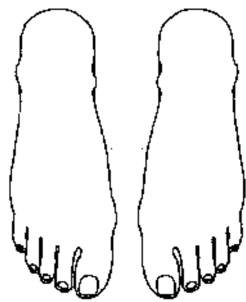


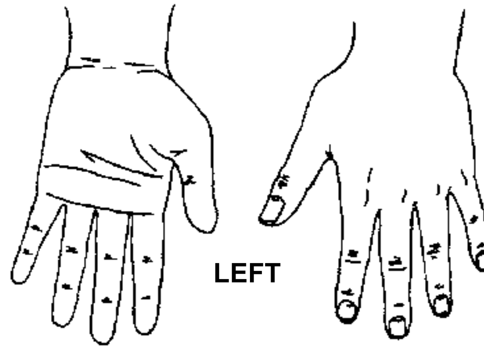
Mark on charts

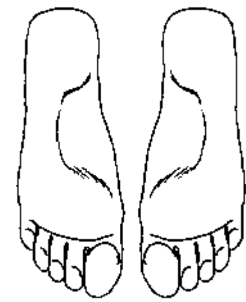
Scars/Piersing	Please draw
Skin marks	Please draw
Tattoo marks	Please draw
Malformations	Please draw
Amputations	











BINDING HOLES
BINDING HOLES

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **E1**

MISSING PERSON

Family name : _ _ _ _ _ _ _ _ _ _ _ _ **No** : ____________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

MEDICAL CONDITIONS (as known to relatives or others)

56	**General state of health** (Describe past and present diseases and/or treatment)	
57	**Medication** (What drugs are kept at residence ?)	

MEDICAL INFORMATION (If not given by the general practitioner 'A2-15', then please specify from whom)

		No:	
58	**01** Regular/occasional patient ?		
	MEDICAL RECORD lists:		
	02 Symptoms		
	03 Findings		
	04 Diagnoses		
	05 Treatment		
	06 Prescriptions		
	07 Ref. to specialist		
	08 Operation scars		
	09 Other scars		
	10 Fractures		
	11 Organs missing		
	12 Hospitalization		
	13 Other		
	ADDICTED to:		
	14 Tobacco		
	15 Alcohol		
	16 Drugs		
	17 Narcotics		
	INFECTIOUS DISEASE:		
	18 Hepatitis		
	19 AIDS		
	19A Tuberculosis		
	20 Other		
	IN WOMEN:		
	21 Pregnancy		
	22 Births		
	23 Hysterectomy		
	IMPLANT:		*Metal* **1** ☐ *Plastic* **2** ☐ *Describe:*
	24 Intrauterine contra-ceptive devices		
	25 Other implants		
59	**Blood group**		

Continued item no 66 (Item 60 - 65 in form PM only)

Collected by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone/E-mail :	

B I N D I N G H O L E S

B I N D I N G H O L E S

Ante Mortem (yellow) **VICTIM IDENTIFICATION FORM** **E2**

MISSING PERSON

Family name : __ __ __ __ __ __ __ __ __ __ __ __ **No** : ____________

Forename(s) : __ __ __ __ __ __ __ __ __ __ __ __

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

FURTHER MEDICAL INFORMATION		
66	**Forensic pathologist/ medical examiner's extract from medical records** **Medical records provided by:** Name Address Phone/E-mail	
MEDICAL DATA OF SPECIFIC INTEREST		
67	**X-rays showing specific conditions**	
68	**Organs removed**	
69	**Prostheses**	
70	**Other artificial aids**	
Continued item no 76 (Item 71 - 75 in form PM only)		

Collected by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone/E-mail :	

B I N D I N G H O L E S

B I N D I N G H O L E S

Ante **M**ortem (yellow) **VICTIM IDENTIFICATION FORM** **E4**

MISSING PERSON

Family name : ______________________ **No** : __________

Forename(s) : ______________________

Date of birth : ☐☐ Day ☐☐ Month ☐☐☐☐ Year Male ☐ Female ☐

c = Further information on page G

DNA			c
93	**Reference** Missing person	*Type of sample:* *Laboratory reference:*	
	1. Reference	*Name/Address:* *National ID-number:* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *Biological relationship:* *Laboratory reference:* *Contact person at the lab:* *Laboratory quality standard:*	
	2. Reference	*Name/Address:* *National ID-number:* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *Biological relationship:* *Laboratory reference:* *Contact person at the lab:* *Laboratory quality standard:*	
	3. Reference	*Name/Address:* *National ID-number:* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *Biological relationship:* *Laboratory reference:* *Contact person at the lab:* *Laboratory quality standard:*	

94	**DNA profiles**	Missing person		1. Reference		2. Reference		3. Reference		
	D3S1358									
	VWA									
	D16S539									
	D2S1338									
	Amelogenin									
	D8S1179									
	D21S11									
	D18S51									
	D19S433									
	TH01									
	FGA									
	TPOX									
	CSF1P0									
	D13S317									
	D7S820									
	D5S818									
	Penta D									
	Penta E									
	FES									
	F13A1									
	F13B									
	SE33									
	CD4									
	GABA									
95	**Checked by**	Date				Signature				

Collected by		Signature / Date
Duty Title	:	
Name	:	
Address	:	
Phone/E-mail	:	

BINDING HOLES

BINDING HOLES

AnteMortem (yellow) **VICTIM IDENTIFICATION FORM** **F1**

MISSING PERSON

Family name : ____________ **No** : ________

Forename(s) : ____________

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

B I N D I N G H O L E S

DENTAL INFORMATION		
76	**Missing Persons address** (see A1 item 10)	
77	**Missing since**	☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*
78	**Circumstances of the disappearance**	
79	**Dental information Obtained from family members and/or others** **01** Data in D2 item 45	**1** ☐ *No* **2** ☐ *Yes*
DENTAL DATA PROVIDED BY		
80	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	*From* ________ *To* ________ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*
81	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	*From* ________ *To* ________ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*
82	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	*From* ________ *To* ________ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*

Continued item no 86 (Item 83 - 85 in form PM only)

B I N D I N G H O L E S

Collected by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone/E-mail :	

The INTERPOL Victim Identification Form, Sections F1 and F2

GENERAL INFORMATION

The INTERPOL Victim Identification Form consists of several sections - divided in two groups:

1) YELLOW FORMS for listing latest known data concerning a missing person;
2) PINK FORMS for listing all findings concerning a dead body.

Identification of a dead body may become possible if data listed on the pink forms concerning this body can be compared with, and shown to match, data listed on the yellow forms concerning one particular missing person. If an identification is made, the experts involved will complete an Identification-Report - as a prerequisite to issuing a death certificate and releasing the body for burial.

The identification of a dead body may be accomplished in several ways, depending upon the type af data used. The INTERPOL Victim Identification Form has been set up in such a way, that sections listing the same type of data are marked with the same capital letter in the upper right-hand corner. For dental identification, the forms to use are Sections F1 and F2 (yellow), and Sections F1 and F2 (pink); because of the specialised vocabulary, they must be fille in by a forensically trained dentist.

INSTRUCTIONS FOR USE - SECTION F1 AND F2 AM (yellow)

These forms are designed for listing all dental information collected from dental practitioners records or other sources.

In Section FI, make sure that the reference number is clearly shown - and that the sex is clearly indicated (boxes at the top). Fill in all the details requested further down. Under "Circumstances of the Disappearance", give the shortest possible extract of the police report. Under "Dental information", list any supplementary information obtained by the police from family members and/or others. Request from the police - and list - exact name, address and telephone number of the dentists/institutions from which records etc. have been obtained; also list the respective periods covered (whole years). Written records should be originals or good photostat copies. Ensure that all record X-rays, models, and photographs are clearly marked with patient's name, dentist's name, and date of exposure or production; if they are not, you must do it yourself.

In Section F2, the missing person's latest known dental status is to be listed. The status can only be established by extraction from - and re-arrangement of - the data listed in one or more dental records - or apparent from X-ray, models, photographs, or other material produced. Start with the latest entry in the written record and work your way backwards; in this way, all previous treatment now covered by later treatment can be left out. Indicate surfaces by using Capital-Letter System: M = mesial, O = occlusal, D = distal, V = vestibular, L = lingual; if other abbreviations are used, please explain them in one of the boxes further down. (NOTE: there will be a notation only for treatment/ conditions actually described or seen in the material) - Next, sketch on the dental chart the location and extent of all fillings and other conditions listed as present according to your re-arrangement of data. For colour distinction, use black for amalgam, red for gold, and green for tooth-coloured material. For teeth extracted or not formed, put large cross (X) over the appropriate tooth square. If the practitioner's record includes an dental chart, compare it with your own and make sure they tally. Do not hesitate to contact practitioner for clarification of dubious points. If X-rays and/ or other material are available, indicate - in the appropriate boxes - type, year of exposure or production, and teeth concerned. Finally, record age at time of disappearance.

Once Section F2 has been completed, type your name, address and telephone number (or use your professional stamp) in the box at the bottom of Section FI. Finally, enter the date of completion above your personal signature. Remember - this is a legal document, so keep a full copy for your own file. Likewise, make copies of all original record material, before returning it to the practitioner.

(This instruction to be printed on verso of the page AM-F1)

Ante Mortem (yellow) **VICTIM IDENTIFICATION FORM** **F2**

MISSING PERSON

Family name : _ _ _ _ _ _ _ _ _ _ _ _ **No** : ____________

Forename(s) : _ _ _ _ _ _ _ _ _ _ _ _

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Male* ☐ *Female* ☐

86	DENTAL INFORMATION in permanent teeth (Notify temporary teeth specifically)		
11			21
12			22
13			23
14			24
15			25
16			26
17			27
18			28

18 17 16 15 14 13 12 11 Super numery 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

87	**Specific data** Crowns, bridges, dentures and implants	
88	**Further data** Occlusion, attrition, anomalies, smoker, periodontal status, etc.	
89	**X-rays available** Type, region and year	
90	**Further material**	
91	**Age at time of disapp.**	

BINDING HOLES

BINDING HOLES

MISSING PERSON

Family name	:	**No** :	
Forename(s)	:		
Date of birth	: Day / Month / Year	Male ☐	Female ☐

FURTHER INFORMATION (if referring to data given on a previous page, please indicate item number)

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BINDING HOLES

BINDING HOLES