

Recent Photo

Attach a recent, good quality, head and shoulders photograph of the person here.

Emergency Contact

Name: _____

Relation to person: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Home Address: _____

Description At Time Of Disappearance: _____



Identification Kit



A Public Private Partnership

Vulnerable Person's Information

First Name: _____

Last Name: _____

Cell Phone: _____

Date of Birth: _____ **Sex:** _____

Language(s) Spoken: _____

Physical Description

Height: ____ feet ____ inches **Weight:** _____ lbs.

Eye Color: _____ **Hair Color:** _____

Ethnicity: _____

Identifying Features

Check all that apply:

Hearing aid(s):

Left Right

Visual aids:

Glasses Contacts

Dentures:

Upper Lower

Scars, Birthmarks, ect.: (location and description)

Tattoo(s) (location and description)

Medical Information

Medical Condition(s): _____

Allergies: _____

Current Medication(s): _____

Doctor's Name: _____

Doctor's Phone #: _____

Wandering History

Places where this person may wander to, for example:

Previous addresses, previous employment, favorite stores, nearby mall, ect.

1: _____

2: _____

3: _____

For Drivers

Licence plate number: _____

Vehicle Color: _____

Vehicle Make & Model: _____
