

MISSING PERSON'S INFORMATION SHEET (ANTE-MORTEM DATA FORM)

(To be used at the Information Centre)

<p>* Before attending to this form, make sure that the interviewee has registered at the registration desk of the Information Centre and had obtained the UIN</p>		
<p>Unique Identification Number(UIN): (Issued when registering at the registration desk of the Information Centre)</p> <p>* Unique identification number should be written or attached to all the documents/files/photographs and other material provided for identification</p> <p>* When attending to this sheet circle the appropriate response where necessary</p>		
Interviewee/s name/s and addresses(e-mail specially in foreigners)	Tel. No (Res. and Mobile)	Relationship with the missing person (missing person is the informant's.....)
1. Name: Address:	Res: Mob: e-mail:	Relationship with the missing person (Missing person is the informant's)
2. Name: Address:	Res: Mob: e-mail:	Relationship with the missing person (Missing person is the informant's)
3. Name: Address:	Res: Mob: e-mail:	Relationship with the missing person (Missing person is the informant's)
4. Name: Address:	Res: Mob: e-mail:	Relationship with the missing person (Missing person is the informant's)
5. Name: Address:	Res: Mob: e-mail:	Relationship with the missing person (Missing person is the informant's)
Person to be contacted if necessary to convey information – (only if different from the above interviewee) Name/s: Addresses :	Name..... Address Tel. No Res..... Mobile e-mail (especially in foreign nationals) .. 	Relationship with the missing person (Missing person is the informant's)

A. . BASIC INFORMATION

Initial the cage given at the bottom of the 2nd column under each heading starting from A8, if the information obtained appears to be helpful for reconciliation.

A.1	Missing person's name	In full					
		Nick names, alias, etc.					
		Father's name					
		Mother's name					
		Other identification modes (specify) e.g. Brother of.....					
A.2	Residential address/ Place of residence	Last residential address / usual address /permanent address, etc. (Preferably the permanent address and if not specify):					
A.3	Place of birth (especially in Foreigners)	Country/Town					
A.4	Nationality						
A.5	Marital status	Single	Married	Divorced	Widowed	Separated	Partnership
A.6	In a female	Maiden name					
		Pregnant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, duration..... Number of children if any ?					
A.7	Religion						
A.8	Fingerprints <input type="checkbox"/>	Available <input type="checkbox"/>	Not Available <input type="checkbox"/>	If yes where to access?			
A.9	DNA profile <input type="checkbox"/>	Available <input type="checkbox"/>	Not Available <input type="checkbox"/>	If yes where to access?			
A.10	Occupation & address <input type="checkbox"/>	Occupation			Occupational address		

B. EVENT

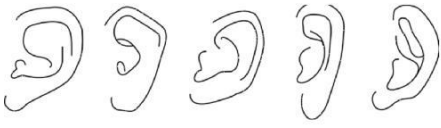
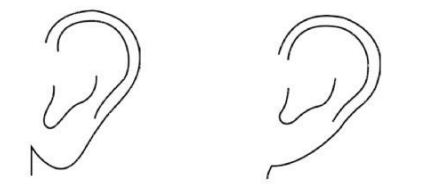
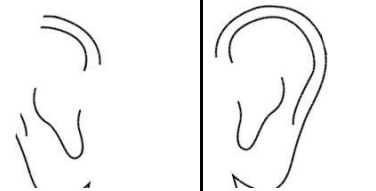
B.1	Circumstances leading to disappearance	Date, Time Place of disappearance Last seen alive. Name and address of the last person/s who saw him/her alive (if different from interviewee/s) Name Address Other person/s who have been with the missing person at the time of the incident Name/s Addresses					
	Has this case been registered/ documented elsewhere	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when, where, with whom and the given UIN?			

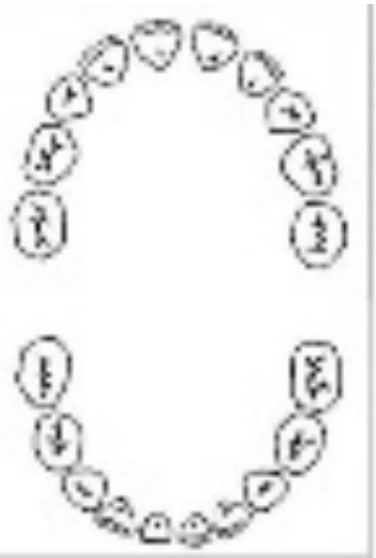


B2	Any other family member/s missing? If yes, whether reported/identified	1.Name: Reported : Yes/No If yes UIN Identified Yes/No: Relationship to the missing person:(the missing person is the informant's.....)	2.Name: Reported : Yes/No If yes UIN Identified Yes/No: Relationship to the missing person:(the missing person is the informant's.....)	3.Name: Reported : Yes/No If yes UIN Identified Yes/No: Relationship to the missing person:(the missing person is the informant's.....)
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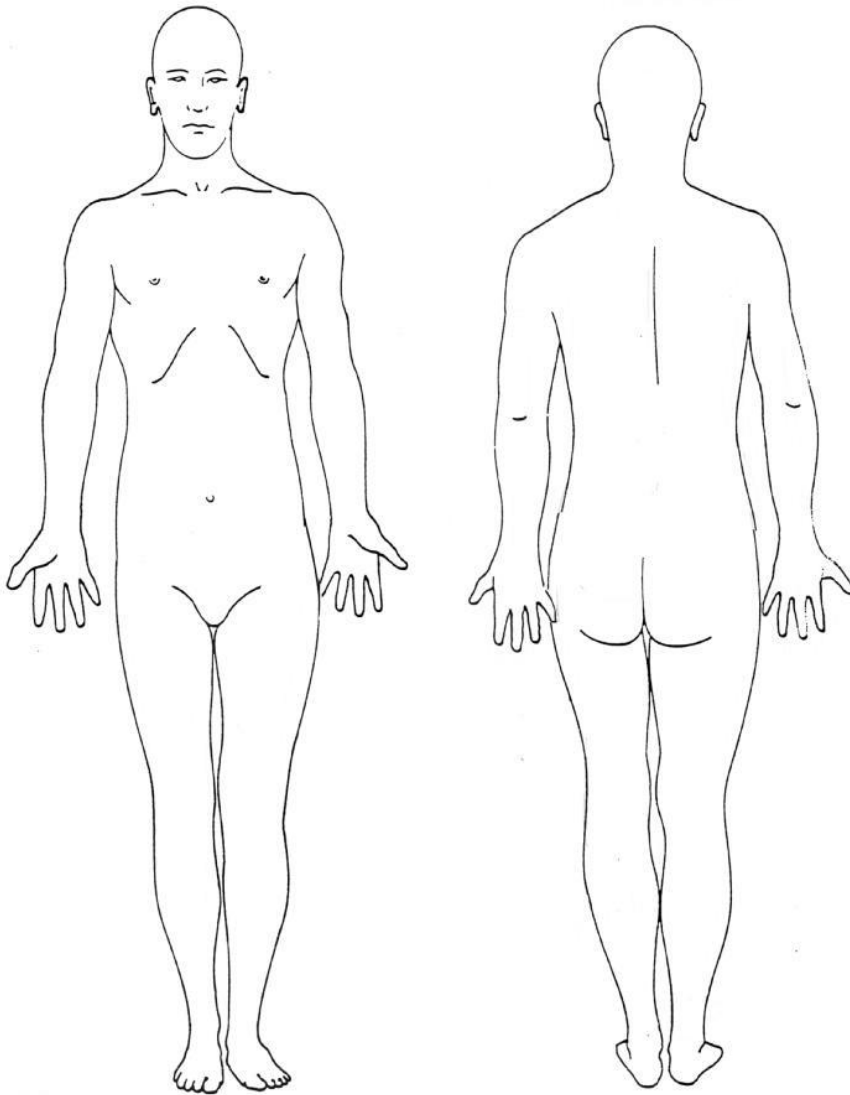
C. PERSONAL EFFECTS

C.1	Clothing Including belts, undergarments, shawl, accessories, etc. <input type="checkbox"/>	Type of clothes, colours, fabric, brand name, logo, size, repairs, patches, etc. Describe in detail as necessary 1. 2. 3.
C.2	Footwear: (worn when last seen/ at the time of disaster/ usually worn) <input type="checkbox"/>	Type (boots, shoes, sandals, etc.), color, brand, size: Describe in detail as necessary
C.3	Identity documents: (which might have been with the person) <input type="checkbox"/>	Identity card, driving license, credit/debit card, membership card, banking details, passport, etc. Make all attempt to obtain photocopies and attach to this form. Document the details including Type of Card Date of issue Number Name Address Other important information
C.4	Wallet/ Purse/ Hand bag, etc. <input type="checkbox"/>	Currency type, etc. Other contents & details: telephone nos., names, addresses, etc. (specify)
C.5	Other Personal Effects <input type="checkbox"/>	Wrist watch, jewelry, wallet, keys/key tag, photographs, mobile phone (incl. number), medication, cigarettes, etc.: Describe in detail as necessary. <input type="checkbox"/>
C.6	Eyewear <input type="checkbox"/>	Glasses (color, shape, brand, type, etc.), contact lenses: Describe in detail as necessary

D. PHYSICAL DESCRIPTION

D.1	Sex <input type="checkbox"/>	Male	Female				
D.2	Age <input type="checkbox"/>	Date of birth	Age				
D.3	General description (Circle the corresponding response or indicate the exact measurement or the approximate as necessary): <input type="checkbox"/>	Height Exact.....cm Estimatedcm	Short		Average		Tall
		Weight Exact.....kg Estimatedkg	Small made	Slim	Average		Obese
D.4	Skin colour: <input type="checkbox"/>						
D.5	Head hair: <input type="checkbox"/>	Colour:	Length:	Shape/ Nature:	Baldness:	Other: (nature of the haircut/style/ paltered, etc.)	Hair accessories (Describe where necessary)
D.6	Facial hair: <input type="checkbox"/>	Negligible	Shaved	Mous- tache	Beard (Describe how it has been attended if necessary)	Colour:	Length:
D.7	Eyebrows: <input type="checkbox"/>	Colour of the iris, arcus, cataract, etc.					
D.8	Ears <input type="checkbox"/>	Shape of the auricle			Pierced Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Round ear Square ear Pointed ear narrow ear Sticking out			If yes specify number, position, presence/absence of earrings, it's nature, etc.		
					<div>Left Ear</div> <div>Right Ear</div>		
		<div>ear lobe</div>  <div>Not attached Attached</div>					

D.10	<p>Dental Condition:</p> <p>Please describe general characteristics, especially taking into account the following:</p> <ul style="list-style-type: none"> • Missing teeth • Broken teeth • Decayed teeth • Discolourations, such as stains from disease, smoking, fluorosis or other • Gaps between teeth • Crowded or crooked (overlapping) teeth • Jaw inflammation (abscess) • Any other special feature <p>Dental Treatment:</p> <p>Has the Missing Person received any dental treatment such as</p> <ol style="list-style-type: none"> 1 Fillings (incl. color if known) 2 False teeth (dentures) <ul style="list-style-type: none"> - upper, /lower 3 Crowns, such as gold-capped teeth 4 Bridge or other special dental treatment 5 Extraction <p>Also indicate wherever there is uncertainty (for example, the family member may know that an upper left front tooth is missing, but is unsure which one)</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>If possible, use a drawing, and/or indicate the described features in the chart below</p> <p>If the missing person is a child, please indicate which baby teeth have erupted, which have fallen out and which permanent teeth have erupted and use the chart below</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BABY/PRIMARY TEETH</p>  </div> <div style="text-align: center;"> <p>ADULT/PERMANENT TEETH</p>  </div> </div>
D 11	<p>Lips & tongue</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Tongue/Lip piercing Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes number <input type="text"/> Position (mark in the diagram)</p> <p>Peculiarities e.g. cleft lip, etc. specify</p> 
D 12	<p>Nose</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Peculiar features if any i.e. marks of spectacles, piercing, ect.....</p>
D.13	<p>Chin</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Receding, protruding, grooved, etc</p>
D.14	<p>Hands</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Nails, (over grown, bitten short, nicotine stains (L/R), cosmetics applied, nail Polish, etc)</p> <p>Peculiarities, Mehendi, etc.....</p> <p>Abnormalities.....</p> <p>Describe as necessary including the finger and the side</p>
D.15	<p>Body hair</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Describe colour, pattern & distribution</p>



E	Habits <input type="checkbox"/>	Smoking (cigarettes, pipes), chewing tobacco, betel nut, alcohol, abusive drugs, narcotics etc. Describe in detail as necessary
F	Medical records, diagnostic cards, X-rays, dental records, etc. <input type="checkbox"/>	Give details of dentist, name of the health institution and period of treatment, etc.
G	Items retained <input type="checkbox"/>	Identity documents (i.e. NIC, Passport, etc.) Specify the document Type of document Issuing authority No: Date of issue: Other documents (photo/X-ray etc.)

Overall remarks (if any)

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Place Date Time
 of interview.

Interviewee's signature:

Interviewer's

Name : Designation :

Contact Details :
 signature:.....

* Measures should be taken to provide the contact details of the interviewer (Name and preferably the telephone number), the Unique Identification Number (UIN) with date, time and the place of the interview to the interviewee.

Note: The information collected in this form will be used for the search and identification of the missing person. Its content is confidential. If the information is to be used outside the intended purpose, consent of the interviewee or approval from the legal/administrative authority needs to be obtained.

