Date Reported _____ Sheriff's Report # _____

MISSING PERSON CERTIFICATION (Adult & Juvenile)

In order to reassure that the right of privacy of individuals will not be violated:

The National Crime Information Center (NCIC) requires that the law enforcement agency have **in its possession** written documentation certifying that one of the four following conditions exist, **prior** to entering a missing person into NCIC records:

1. The person I am reporting as missing is under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
2. The person I am reporting as missing is missing under circumstances indicating that the disappearance was not voluntary.
3. The person I am reporting as missing is in the company of another person under circumstances indicating that his/her physical safety is in danger.
4. The person I am reporting as missing is under the age of 18 and whose custody and control is vested in me. Further, that said missing person does not meet any of the criteria set forth in numbers 1, 2, and 3 above.

The individual is missing pursuant to item number _____ above and I request that said individual be entered into the NCIC record as a missing person.

Authorizing Person's Information

Print or Type Name _____

Date of Birth _____

Street Address _____

City/State/Zip _____

Relationship to Missing Person _____

Home Phone _____ Cell Phone _____ Work Phone _____

Signature _____ Date _____

☐ **CHECK IF PHOTO PROVIDED**

Witnessed by: Officer Name/Badge # _____

I HEREBY ACKNOWLEDGE that if said missing person is a juvenile, I am responsible for transporting said juvenile from the place of location to his/her residence and upon notification of the whereabouts of said individual, I will immediately make arrangements for safe transportation. BEING THE PARENT OR LEGAL GUARDIAN OR LEGAL CUSTODIAN of said juvenile, I hereby authorize temporary detainment pursuant to applicable Wisconsin Statutes.

Signature _____

MISSING PERSON INFORMATION

☐ Disability ☐ Endangered ☐ Involuntary ☐ Catastrophe ☐ Juvenile ☐ Other

Personal Information

Last Name

First Name

Middle Name

Suffix Sex (M/F) Race Date of Birth

Date of Emancipation (Juveniles only) Place of Birth

Height Weight E ye Color Hair Color

Skin tone Scars, Marks, Tattoos

Circumcision Blood Type Footprint Available (Y/N) Body X-Ray (Y/N)

Fingerprint Classification

Corrective Vision Prescription

FBI Number Social Security Number

Misc. Number State ID Number

Street Address

City State

Operator's License Information

Number State Year

License Plate Information

Number State Year Type

Vehicle Information

Vehicle Identification # Vehicle Year

Make Model Style Color

Jewelry Description

Clothing Description

Other Information

Date of Last Contact

DNA Available (Y/N) DNA Location

Miscellaneous