



PO Box 533023, Indianapolis, IN 46253
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www.lauthmissingpersons.com

Missing Persons Biography

RELATIVE/GUARDIAN/INFORMATION

Date: _____

Caller Name: _____ Phone: (____) _____ Fax: (____) _____

Relationship to Missing Person: _____

Missing Person Name: _____
First Middle Last

Date Missing: _____ Date of Birth: _____ Age at date missing: _____

Gender: Circle One **Male** **Female** Missing from: _____
City State

Is Individual disabled? Circle One **Yes** **No**

If Yes, please describe: _____

***Important:** Who referred you to us? _____

MISSING PERSON INFORMATION:

Name: _____ Nickname: _____

Social Security Number: _____ NCIC# _____

Date of Birth: _____ Date Missing: _____ Age at Time: _____

Missing From: _____

Location Person Last Seen: _____

CIRCUMSTANCES OF DISAPPEARANCE

INVESTIGATING LAW ENFORCEMENT AGENCY (if police report filed):

Police Report Number: _____

Detective Name: _____ Phone: (____) _____

Address: _____
city state zip