



Arizona Department of Public Safety Crime Laboratory

MISSING PERSONS PROGRAM

Missing Person and Family Reference Sample Information Form

Name of Missing Person: _____
Last First MI

Missing Person's Date of Birth: _____

Age when missing: _____ Approx. Height: _____

Biological Sex of Missing Person: Female Male

Medical Anomalies (scars, marks, tattoos, medical devices, etc.): _____

Race: African-American
 Asian
 Caucasian
 Hispanic
 Native American
 Other (Please Specify) _____

Are dental records available? Yes No

Date of Last Contact: _____

Location of Last Contact: _____

Family Member Providing

Reference Sample: _____
Last First MI

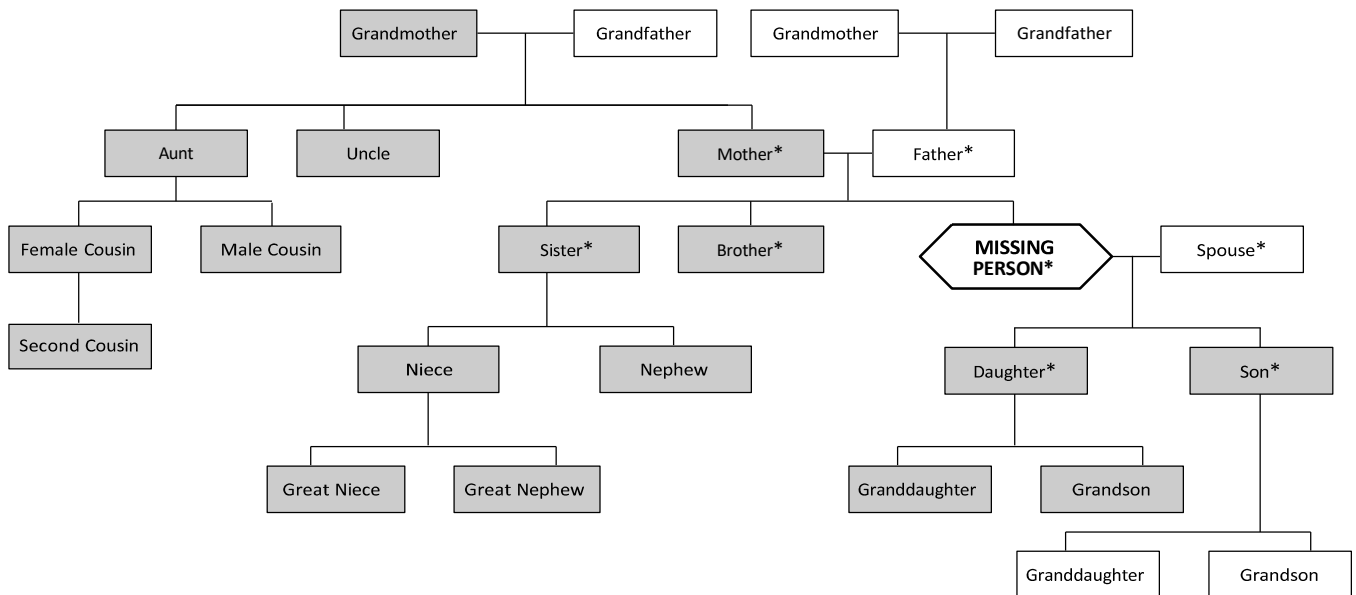
Biological Sex of Family Member: Female Male

Relationship of Family Member to Missing Person: _____

Race: African-American
 Asian
 Caucasian
 Hispanic
 Native American
 Other (Please Specify) _____

Note: The most useful family reference DNA samples are from close blood relatives such as the missing persons biological mother, father, children, brothers, or sisters (indicated on chart below with a star). However, close maternal relatives of the missing person allows for the analysis of both nuclear and mitochondrial DNA. If you have any questions regarding the selection of family members for reference sampling, please call 602-223-2394 and ask to speak to a DNA Supervising Forensic Scientist.

CIRCLE BOX BELOW INDICATING RELATIONSHIP TO MISSING PERSON



Any of the shaded boxes represent a potential maternal relative. In addition, if the missing person is female, any of her children are also considered a maternal relative.

* Primary Donor for nuclear DNA



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Consent for Collection, Testing and CODIS Entry Form

Consentimiento Para Colección, Prebas y Entrada Formulario Para CODIS

Name of Missing Person: _____

Nombre de Persona Desaparecido Last (Apelativo) First (Primer Nombre) MI (Sigla)

Family Member

Reference Sample: _____

Nombre de Miembro Familiar Last (Apelativo) First (Primer Nombre) MI (Sigla)

Relationship to Missing Person: _____ NCIC No.: _____

Parentesco ed persona desaparecido

NamUs No.: _____ ViCAP No.: _____

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide oral swab samples for DNA analysis and entry into the Combined DNA Index System (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, Section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches. I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I understand that the database will not contain any of my personal information, and the DNA profile cannot be associated with me as a donor. I also understand that my DNA profile will be removed from the CODIS database once my family member has been positively identified, provided there are no missing remains.

I authorize the appropriate law enforcement agent listed below to collect these samples for the sole purpose of identifying my missing family member. I have witnessed my swab samples being collected, placed in a sample collection pouch, labeled with my name and sealed.

Entiendo que las respuestas proporcionadas en esta forma son correctas al mejor de mi conocimiento y creencia. Entiendo completamente que mis respuestas son criticas para el proceso de la identificación de mi miembro de familia desaparecido.

Libremente y voluntariamente doy el consentimiento de someter muestras orales para análisis de ADN, los resultados de los análisis serán incorporados en la base de datos del Systema Índice de ADN Combinada [Combined DNA Index System (CODIS)], mantenidos por la agencia del FBI bajo la autoridad del Titulo 42, Código de Estados Unidos, Sección 14132. Agencias investigadoras, teniendo acceso en linea a la base de datos de los desaparecidos, podrán comparar archivos de combinaciones de ADN comparables. Entiendo que la información que he dado está protegida por el Acto de Privacidad dentro el Sistema Índice de ADN National [National DNA Index System (NDIS)] y el Sistema Central de Archivos de la FBI como recientemente publicado en el Registrado Federal. Entiendo que la base de datos no contendrá ninguna información personal y el perfil de ADN no puede asociarse conmigo como donante. También entiendo que mi perfil de ADN será eliminado de la base de datos de CODIS una vez que mi familiar haya sido identificado positivamente, siempre que no falten restos.

Autorizo al agente de la autoridad legal indicada, que obtenga una muestra biologica para realizar una prueba genetica con el proposito de determinar la identidad del desaparecido. He sido testigo de cómo se recolectaron mis muestras de hisopo, se colocaron en una bolsa de recolección de muestras, se etiquetaron con mi nombre y se sellaron.

Signature of family member

or legal guardian giving consent: _____ Date: _____

*Firma del meimbro de familia
o la persona dando consentimiento*

Fecha

I, on _____ at _____ :_____ a.m./p.m. have verified the identity of the individual who is providing the DNA sample. I then collected sample swabs from this individual, placed them in a sample collection pouch, attached a label with his/her name and then sealed the pouch.

Law Enforcement Agent collecting DNA swab samples:

Print Name _____

Signature _____