INTERPOL DVI Form - Missing Person

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown*

Nature of disaster:

Place of disaster:

Date of disaster: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ADMINISTRATIVE DATA				a	b	c
100	**Responsible agency** Street / No. Postcode / Town State / Country Phone / Email		*INTERPOL NCB:* *Police file No:*			
105	**Information given by** Name Street / No. Postcode / Town State / Country Phone / Email **Relationship**	*Date:* _____				
110	**Point of contact** Name Street / No. Postcode / Town State / Country Phone / Email **Relationship**	*1* ☐ *see 105*				
120	**Fingerprinted** 01 Source	*1* ☐ *No* *2* ☐ *Yes* *Where:* _____ *Specify:* _____ *Date:* _____				
125	**If not, are fingerprints obtainable from**					
	01 Residence/ other place	*1* ☐ *No* *2* ☐ *Yes* *Where:* _____				
	02 Biometric ID	*1* ☐ *No* *2* ☐ *Yes* *Where:* _____				
	See also 480	Specify elimination print sources on page Sup. Info. (700's)				

CHECKLIST OF CONTENTS	*Enclosed complete*	*Not available*	*Remarks*
Administrative Data (fields 1xx)	☐	☐	
Nominal data (fields 2xx)	☐	☐	
Effects (fields 3xx)	☐	☐	
Body description (fields 4xx)	☐	☐	
Pathology (fields 5xx)	☐	☐	
Odontology (fields 6xx)	☐	☐	
Supporting information (fields 7xx)	☐	☐	
Appendix (fields 8xx) (optional)	☐	☐	

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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NOMINAL DATA			a	b	c
200	**Family name at birth**	*Mother's maiden name:*			
205	**Nicknames**				
210	**Aliases** 01 Alias Name Date of birth Birthplace	*First name:* / *Family name:* ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Place:* / *Country:*			
215	**Nationality**	*Country:* / *Multiple nationality:*			
220	**Birthplace**	*Place:* / *Country:*			
225	**National ID number** Number Issuing country	☐☐☐ *Enter ISO 3166-1 alpha-3 code (e.g. AUS for Australia)*			
230	**Marital status**	*Single -* 1 ☐ *If not, First-* / *Middle-* / *Family name of partner:* *Engaged (date)* 2 ☐ *Cohabiting* 3 ☐ *Married (date)* 4 ☐ *Divorced* 5 ☐ *Widowed* 6 ☐			
235	**Occupation**				
238	**Home address** Street / No. Postcode / Town State / Country				
240	**Current physical address, e.g. hotel** Street / No. Postcode / Town State / Country				
241	**Mobile/cell phone number(s)**				
243	**Online presence** 01 Email addresses 02 Social media	Details such as platform, profile name and account details.			
245	**Religion**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			

Collected by
Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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EFFECTS (possibly carried on person or in luggage)

			a	b	c
300	**Clothing Items**	No: 1 *Type/style* 2 *Main colour* 3 *Brand/make* 4 *Material* 5 *Size*			
	Head and neck				
	101 Headcover				
	102 Scarf				
	103 Tie				
	199 Other				
	Upper part of the body and arms				
	201 Gloves				
	202 Overcoat				
	203 Coat/Jacket				
	204 Cardigan				
	205 Waistcoat				
	206 Braces				
	207 Pullover				
	208 Blouse				
	209 Shirt				
	210 T-shirt				
	211 Undershirt				
	212 Brassiere				
	299 Other				
	Lower part of the body and legs				
	301 Belt				
	302 Trousers				
	303 Shorts				
	304 Skirt				
	305 Tights				
	306 Socks				
	307 Stockings				
	308 Underpants				
	399 Other				
	The whole of the body				
	401 Body suit				
	402 Dress				
	403 Religious/Cultural/Traditional				
	404 Uniform				
	405 Swimming attire				
	499 Other				
	In case of using "x99 Other" describe the kind of item in column "1 Type/style".				
305	**Footwear**	No: 1 *Type/style* 2 *Main colour* 3 *Brand/make* 4 *Material* 5 *Size*			
	01 Boots				
	02 Open footwear				
	03 Shoes				
	99 Other				
	Describe the kind of footwear in column "1 Type/style", e.g. sports shoes, sandals				

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver-, Gold- or Multi-coloured.

Collected by

Duty Title :

Name :

Address :

Phone / Email :

Signature / Date

INTERPOL DVI Form - Missing Person

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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EFFECTS (possibly carried on person or in luggage)

		a	b	c

310 Watch

No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Inscription*
01 Digital Wristwatch					
02 Analog Wristwatch					
03 Smartwatch					

04 Watch, other type — *Where worn:* _____

05 If wristwatch, worn on — *Left* 1 ☐ *Right* 2 ☐ *Outside* 3 ☐ *Inside* 4 ☐

06 Watch strap/chain — *Leather* 1 ☐ *Metal* 2 ☐ *Rubber* 3 ☐ *Other (specify):* 4 ☐ _____

315 Glasses

	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Inscription*
01 Frame					

02 Lenses (glass) — *Self tinting* 1 ☐ *Tinted* 2 ☐ *No* 3 ☐ *Yes (specify):* _____

03 Shape of lenses — *Round* 1 ☐ *Oval* 2 ☐ *Square* 3 ☐ *Half* 4 ☐ *Rimless* 5 ☐ *Full rim* 6 ☐

04 Lenses material/type — *Glass* 1 ☐ *Polycarbonate* 2 ☐ *Bi-focal* 3 ☐ *Progressive* 4 ☐

320 Contact lenses

No 1 ☐ *Yes (if coloured specify):* 2 ☐ _____

325 Hearing aids

01 Left — *No* 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial No:* _____

02 Right — *No* 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial No:* _____

330 External prostheses

No 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial No:* _____

335 Jewellery

No:	1 *Type/style*	2 *Main colour*	3 *Material*	4 *Inscription*	5 *Where worn*
01 Anklet					
02 Bracelet					
03 Earclips					
04 Earrings					
05 Neck chain					
06 Necklace					
07 Pendant					
08 Wedding ring					
09 Other rings					
10 Other rings on finger					
99 Other					

In case of using "99 Other" describe the kind of item in column "1 Type/style".

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver-, Gold- or Multi-coloured.

Collected by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

INTERPOL DVI Form - Missing Person

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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EFFECTS (possibly carried on person or in luggage)

340 Identity documents

01 Bank cards
02 Driving license
03 Identity card
04 Passport
99 Other

In case of using "99 Other" describe the kind of item in column "3 Details".

No:	1 *Nationality*	2 *Number*	3 *Details*	4 *Biometrics*	5 *Chip*	a	b	c

345 Effects

01 Badges/keys
02 Bum bag
03 Currency
04 Diary/agenda
05 Purse
06 Ticket
07 Wallet
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial No.*	6 *Markings*	a	b	c

350 Electronic devices

01 Camera
02 Mobile phone
03 Music player
04 SIM
05 Tablet/handheld
06 Video
07 Storage media
99 Other

In case of using "99 Other" describe the kind of item in column "2 Model".

No:	1 *Brand/make*	2 *Model*	3 *Main colour*	4 *Material*	5 *Serial No.*	6 *Markings*	a	b	c

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown, Silver-, Gold- or Multi-coloured.

Collected by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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BODY DESCRIPTION (external)

			a	b	c
404	**Specific details**	No: 1 *Scars* 2 *Piercings* 3 *Tattoos* 4 *Skin marks* 5 *Malformations* 6 *Amputations*			
	Head and Neck 01 Head 02 Neck **Torso** 11 Torso front 12 Torso back 13 Genitalia 14 Buttocks **Left limbs** 21 Left upper arm 22 Left forearm 23 Left hand 24 Left thigh 25 Left knee 26 Left lower leg 27 Left foot **Right limbs** 31 Right upper arm 32 Right forearm 33 Right hand 34 Right thigh 35 Right knee 36 Right lower leg 37 Right foot				
408	**Height**	*Min* _____ *cm* / *Max* _____ *cm* | *Min* _____ *ft* _____ *in* / *Max* _____ *ft* _____ *in*			
412	**Weight**	*Min* _____ *kg* / *Max* _____ *kg* | *Min* _____ *lb* / *Max* _____ *lb*			
416	**Build**	*Slight* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐			
420	**Hair of the head**				
	01 Type	*Natural* 1 ☐ *Extension* 2 ☐ *Hairpiece* 3 ☐ *Wig* 4 ☐ *Implanted* 5 ☐			
	02 Length	*Short <6 cm / 2.4 in* 1 ☐ *Medium <12 cm / 4.7 in* 2 ☐ *Long >12 cm / 4.7 in* 3 ☐ *Shaved* 4 ☐			
	03 Dyed colour	*None/unknown* 1 ☐ *Streaked* 2 ☐ *Blond* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐ *Red* 6 ☐ *Grey* 7 ☐ *White* 8 ☐ *Mixed grey* 9 ☐ *Other (specify):* 10 ☐ _____			
	04 Natural colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
	05 Baldness	*Partial* 1 ☐ *Total* 2 ☐ *Forehead* 3 ☐ *Sides* 4 ☐ *Tonsure* 5 ☐			
	06 Distinctive feature(s)	*Describe (and use page Sup. Info. (700's) for details):* _____			

Collected by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external)			a	b	c
424	**Eyebrows** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
428	**Eyes** 01 Colour (Left and Right) 02 Distinctive feature(s)	*Blue* 1 ☐ ☐ L R *Grey* 2 ☐ ☐ L R *Green* 3 ☐ ☐ L R *Brown* 4 ☐ ☐ L R *Black* 5 ☐ ☐ L R *Hazel* 6 ☐ ☐ L R *Maroon* 7 ☐ ☐ L R *Pink* 8 ☐ ☐ L R *Cross-eyed* 1 ☐ ☐ L R *Squint-eyed* 2 ☐ ☐ L R *Artificial eye* 3 ☐ ☐ L R *Other (specify):* 4 ☐ _____			
432	**Nose** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
436	**Facial hair** 01 Type 02 Colour	*Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐ *Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____			
440	**Ears** 01 Ear lobes/pierced 02 Distinctive feature(s)	*Attached* 1 ☐ *No* 2 ☐ *Yes* *Pierced - specify number of piercings* 3 ☐ *Left* _____ 4 ☐ *Right* _____ *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
444	**Mouth/teeth** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
448	**Lips** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
452	**Chin** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
456	**Neck** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
460	**Hands/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
464	**Feet/nails** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
468	**Body/pubic hair** 01 Distinctive feature(s)	*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____			
472	**Circumcision** 01 Distinctive feature(s)	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ _____ *Mixed (specify):* 5 ☐ _____			

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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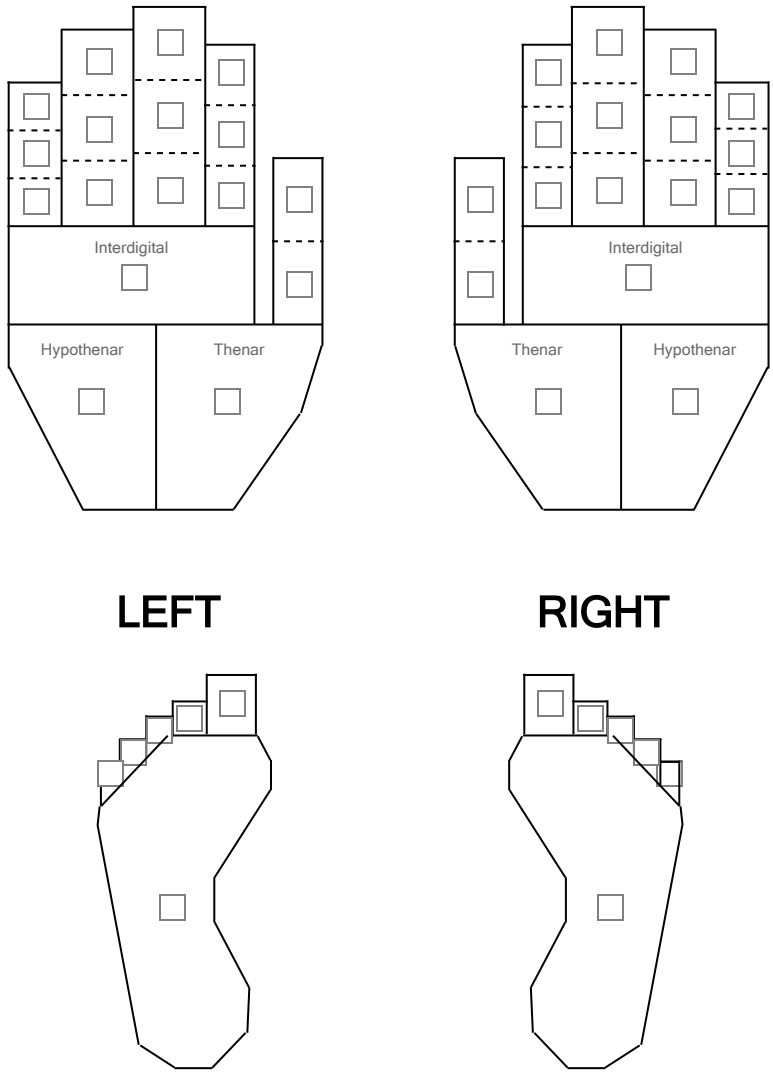
BODY DESCRIPTION (fingerprint)			a	b	c
480	**Fingerprint** 01 Number retrieved 02 Format 03 Development technique	*No:* _____ *Lifts* 1 ☐ *Digital photo* 2 ☐ *35mm photo* 3 ☐ *Biometric ID* 4 ☐ *Other (specify):* 5 ☐ _____ *Powder* 1 ☐ *Chemicals* 2 ☐ *Digital source* 3 ☐ *Other (specify):* 4 ☐ _____			
496	**Prints retrieved from**	 SHADE AREAS PRINTS RETRIEVED FROM			

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: ---------- **AM No:** _____

First- / Middle name(s): ----------

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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MEDICAL FINDINGS			a	b	c
500	**General practitioner** Name Street / No. Postcode / Town State / Country Phone / Email	Specify additional practitioners on page Sup. info. (700's)			
505	**Medical record lists** 01 Diagnoses 02 Findings 03 Fractures 04 Hospitalizations 05 Operations scars 06 Organs missing (congenital) 07 Organs removed 08 Prescriptions 09 Ref. to specialist 10 Symptoms 11 Treatments 12 Other scars 13 Other **Addicted to** 20 Alcohol 21 Drugs 22 Narcotics 23 Tobacco **Infectious diseases** 30 AIDS/HIV 31 Hepatitis 32 Tuberculosis 33 Other **In women** 40 Births 41 Hysterectomy 42 Intrauterine contraceptive devices 43 Pregnancy	**No:** 1 *Specify*			
515	**Implants** 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants	**No:** 1 *Specify* 2 *Serial No.*			
520	**Internal prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____ *Serial No:* _____			
525	**Other artificial aids**	*No* 1 ☐ *Yes (specify):* 2 ☐ _____			

Collected by			*Signature / Date*
	Duty Title	:	
	Name	:	
	Address	:	
	Phone / Email	:	

Family name: ____________ **AM No:** ____________

First- / Middle name(s): ____________

Date of birth: Day | Month | Year | Age | Male | Female | Other | Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

DIRECT REFERENCE OF MISSING PERSON AND SAMPLES OF BIOLOGICAL RELATIVES							a	b	c
555	**Direct Reference of Missing Person** 01 DNA-profile 02 Bio bank 03 Personal belonging	Ref	No:	1 Specify	2 Date of sample	3 Laboratory reference			
		1							
		2							
		3							
		4							
		5							
560	**Samples of Biological Relatives**								
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Family Reference No: Relationship (Please mark the reference of the family tree)	*Name(s):* *National ID-number:* *Type of sample:*			*Laboratory reference:* *Date of sample:*				
	Additional reference sample page 10b *1* ☐ *No* *2* ☐ *Yes* *Resulting profiles are recorded in field 825*								

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

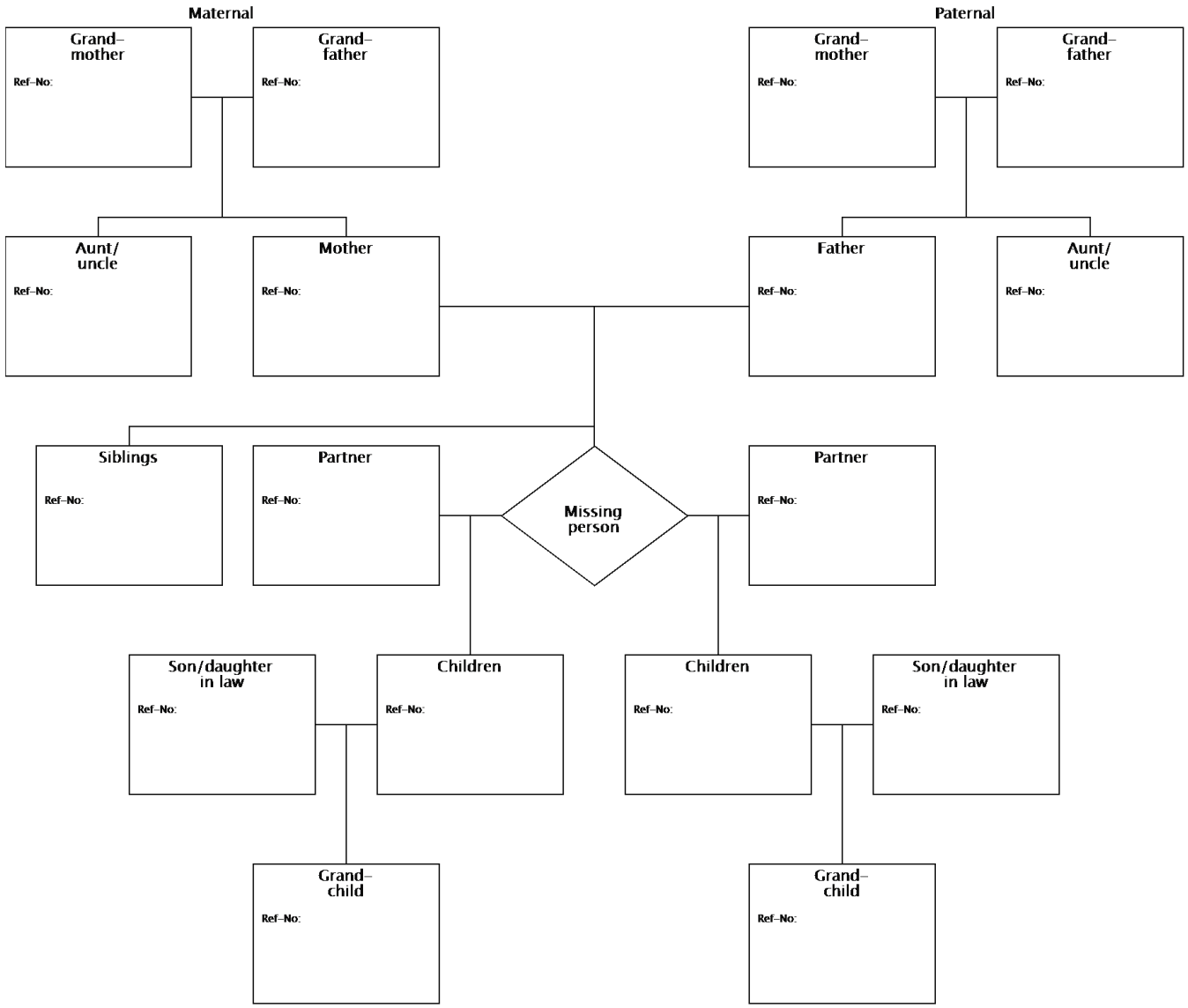
Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

FAMILY TREE OF BIOLOGICAL RELATIONSHIPS

Add a Ref-No. of the relative on tree. Add any information, not represented on biological relationships family tree, on page Sup. Info. (700's).



Note: DNA samples of close relatives, especially the mother, both parents or children are more useful than DNA samples from distant relatives.

Collected by	Duty Title :	*Signature / Date*
	Name :	
	Address :	
	Phone / Email :	

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

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ODONTOLOGY

		a	b	c
600	**Dentist/clinic** Name Street / No. Postcode / Town State / Country Phone / Email			
	01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____			
	02 Enclosed: *Radiographs* 1 ☐ *Casts* 2 ☐ *Photos* 3 ☐ *Other (specify):* 4 ☐ _____			
605	**Dentist/clinic** Name Street / No. Postcode / Town State / Country Phone / Email			
	01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____			
	02 Enclosed: *Radiographs* 1 ☐ *Casts* 2 ☐ *Photos* 3 ☐ *Other (specify):* 4 ☐ _____			
615	**Dental images available**			

	1 *Digital*	2 *State number of*	3 *Non digital*	4 *State number of*
01 Periapical (PA)	☐		☐	
02 Bitewing (BW)	☐		☐	
03 Orthopantomagram (OPG)	☐		☐	
04 Computed Tomography (CT)	☐		☐	
05 Other radiographs	☐		☐	
06 Photographs	☐		☐	

620	**Further material**		

Collected by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown*

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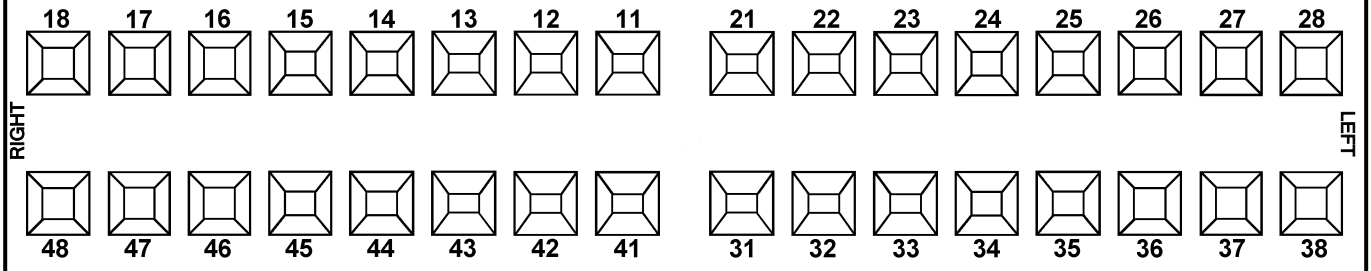
ODONTOLOGY

630 Dental findings (for primary teeth change specific FDI code)

11			21
12			22
13			23
14			24
15			25
16			26
17			27
18			28



48			38
47			37
46			36
45			35
44			34
43			33
42			32
41			31

			a	b	c
635	**Specific data** 01 Specify	1 ☐ *Crowns* 2 ☐ *Pontics* 3 ☐ *Implants* 4 ☐ *Dentures* 5 ☐ *Other*			
640	**Other findings** 01 Specify	1 ☐ *Occlusion* 2 ☐ *Tooth wear* 3 ☐ *Periodontal status* 4 ☐ *Supernumeraries* 5 ☐ *Stains* 6 ☐ *Other*			
645	**Type of dentition** 01 Specify	1 ☐ *Primary dentition* 2 ☐ *Mixed dentition* 3 ☐ *Permanent dentition*			
650	**Quality check** Forensic Odontologist 1	*Date:* *Signature:* *Name:*			
	Forensic Odontologist 2 (If available)	*Date:* *Signature:* *Name:*			

Collected by	Duty Title	:	*Signature / Date*
	Name	:	
	Address	:	
	Phone / Email	:	

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field and item number)		
700	1 *Field No.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 ☐ *No* 2 ☐ *Yes*

Ante **M**ortem *(yellow)* **INTERPOL DVI Form - Missing Person** Appendix **800's**

Family name: _____ **AM No:** _____

First- / Middle name(s): _____

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

APPENDIX DNA				a	b	c
810	**Typing Laboratory**	*Name:* _____ *Email:* _____ *Address:* _____ *Date of sample:* _____				
815	**Laboratory Standards**	*Accredited according to:* _____ *Not accredited* 1 ☐				
820	**STR kit(s) used**	*Name(s) of kit(s) used:* _____				
825	**DNA**	*Direct reference* 1 ☐ *Family reference* 2 ☐ *Reference number:* _____				

VWA			D6S1043		
TH01			DYS391		
D21S11			DYS576		
FGA			DYS570		
D8S1179			Yindel		
D3S1358					
D18S51					
Amelogenin					
TPOX					
CSF1PO					
D13S317					
D7S820					
D5S818					
D16S539					
D2S1338					
D19S433					
Penta D					
Penta E					
D1S1656					
D2S441					
D10S1248					
D22S1045					
D12S391					
SE33					

Add any information not represented of the markers above, using c-column/page 700's Supporting information.

830		*Additional DNA profile page (810-825)* 1 ☐ *No* 2 ☐ *Yes*

Collected by

Duty Title :
Name :
Address :
Phone / Email :

Signature / Date

Family name: ---------- **AM No:** _____

First- / Middle name(s): ----------

Date of birth: *Day* ☐☐ *Month* ☐☐ *Year* ☐☐☐☐ *Age* ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Unknown* ☐

835 APPENDIX BODY SKETCH (for optional use)