Family name: -- **AM Nbr:** ____________

First/Middle name(s): --

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

Place of disaster:

Nature of disaster:

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

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

ADMINISTRATIVE DATA				a	b	c
100	**Responsible agency** Street / Nbr. Postcode / Town State / Country Phone / Email		*INTERPOL NCB:* *Police file Nbr:*			
105	**Information given by** Name Street / Nbr. Postcode / Town State / Country Phone / Email Relationship	*Date:* ____________				
110	**Point of contact** Name Street / Nbr. 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 02 Biometric ID See also 480	*1* ☐ *No* *2* ☐ *Yes* *Where:* ____________ *1* ☐ *No* *2* ☐ *Yes* *Where:* ____________ 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 Nbr:

First/Middle name(s):

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

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

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(s):* Day / Month *Place:*	*Family name:* *Year* *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 / Nbr. Postcode / Town State / Country					
240	**Current physical address, e.g. hotel** Street / Nbr. 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		*Signature / Date*
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Family name: ______________________ **AM Nbr:** ______________

First/Middle name(s): ______________________

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

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

EFFECTS (possibly carried on person or in luggage)

		Nbr:	1 Type/style	2 Main colour	3 Brand/make	4 Material	5 Size	a	b	c
300	**Clothing Items** **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** 01 Boots 02 Open footwear 03 Shoes 99 Other Describe the kind of footwear in column "1 Type/style", e.g. sports shoes, sandals	Nbr:	1 Type/style	2 Main colour	3 Brand/make	4 Material	5 Size			

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

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

Family name: -- **AM Nbr:** ____________

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)

EFFECTS (possibly carried on person or in luggage)

			a	b	c
310	**Watch** 01 Digital Wristwatch 02 Analog Wristwatch 03 Smartwatch	Nbr: 1 Brand/make 2 Model 3 Main colour 4 Material 5 Inscription			
	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** 01 Frame	1 Brand/make 2 Model 3 Main colour 4 Material 5 Inscription			
	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 Nbr:			
	02 Right	No 1 ☐ Yes (specify): 2 ☐ Serial Nbr:			
330	**External prostheses**	No 1 ☐ Yes (specify): 2 ☐ Serial Nbr:			
335	**Jewellery** 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".	Nbr: 1 Type/style 2 Main colour 3 Material 4 Inscription 5 Where worn			

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 Nbr:
First/Middle name(s):		

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

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

EFFECTS (possibly carried on person or in luggage)								a	b	c
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".	Nbr:	1 Nationality	2 Number	3 Details	4 Biometrics	5 Chip			
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".	Nbr:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial Nbr.	6 Markings		
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".	Nbr:	1 Brand/make	2 Model	3 Main colour	4 Material	5 Serial Nbr.	6 Markings		

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

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

Family name:		AM Nbr:
First/Middle name(s):		

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

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

BODY DESCRIPTION (external)			a	b	c
404	Specific details	Nbr: 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		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone / Email :	

Family name: - - - - - - - - **AM Nbr:** ______

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 : Name : Address : Phone / Email :	*Signature / Date*

Family name:		**AM Nbr:**
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 (fingerprint)			a	b	c
480	**Fingerprint** 01 Number retrieved	*Nbr:*			
	02 Format	*Lifts* 1 ☐ *Digital photo* 2 ☐ *35mm photo* 3 ☐ *Biometric ID* 4 ☐ *Other (specify):* 5 ☐			
	03 Development technique	*Powder* 1 ☐ *Chemicals* 2 ☐ *Digital source* 3 ☐ *Other (specify):* 4 ☐			
496	**Prints retrieved from**	Interdigital, Hypothenar, Thenar (LEFT); Interdigital, Thenar, Hypothenar (RIGHT) **LEFT** **RIGHT** SHADE AREAS PRINTS RETRIEVED FROM			

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

Family name: -- **AM Nbr:** ____________________

First/Middle name(s): --

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

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

MEDICAL FINDINGS			a	b	c
500	**General practitioner** Name Street / Nbr. 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	Nbr: 1 *Specify*			
515	**Implants** 01 Breast 02 Pacemaker 03 Insulin pump 04 Other surgical implants	Nbr: 1 *Specify* 2 *Serial Nbr.*			
520	**Internal prostheses**	*No* 1 ☐ *Yes (specify):* 2 ☐ ____________ *Serial Nbr:* ____________			
525	**Other artificial aids**	*No* 1 ☐ *Yes (specify):* 2 ☐ ____________			

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

Family name: -- **AM Nbr:** ____________

First/Middle name(s): --

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

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	Nbr	1 Specify	2 Date of sample	3 Laboratory reference	a	b	c
1							
2							
3							
4							
5							

560 Samples of Biological Relatives

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Family Reference Nbr ____________
____________ Relationship (Please mark the reference of the family tree)
Name(s): ____________
National ID-number: ____________ *Laboratory reference:* ____________
Type of sample: ____________ *Date of sample:* ____________

Additional reference sample page 10b *1* ☐ *No* *2* ☐ *Yes*

Resulting profiles are recorded in field 825

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

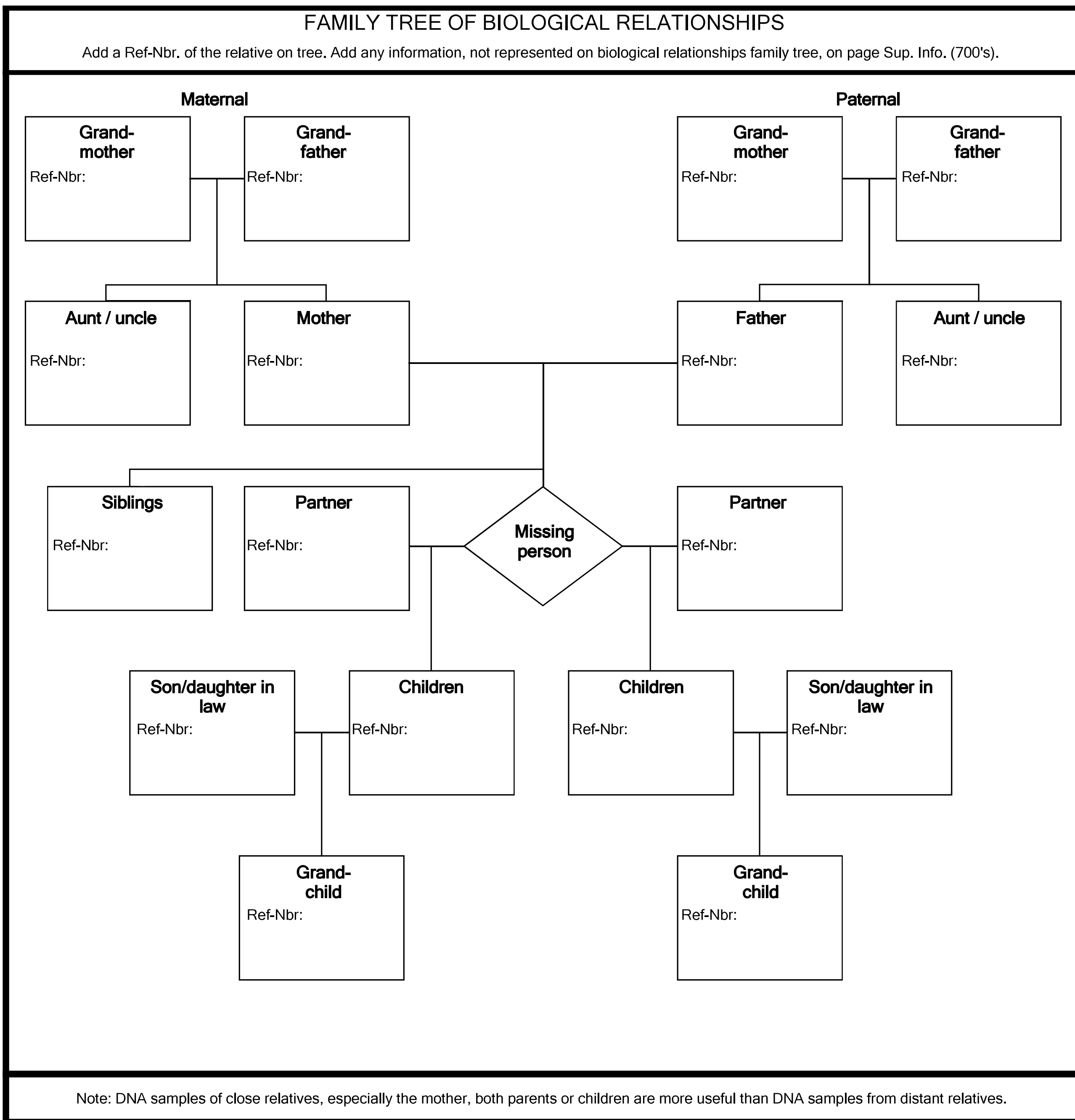
Family name: -- **AM Nbr:** ______________

First/Middle name(s): --

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

FAMILY TREE OF BIOLOGICAL RELATIONSHIPS

Add a Ref-Nbr. 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		*Signature / Date*
Duty Title	:	
Name	:	
Address	:	
Phone / Email	:	

Family name: ____________________ **AM Nbr:** ____________________

First/Middle name(s): ____________________

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

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

ODONTOLOGY			a	b	c
600	**Dentist/clinic** Name Street / Nbr. 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 / Nbr. 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*	a	b	c
	01 Periapical (PA)	☐		☐				
	02 Bitewing (BW)	☐		☐				
	03 Orthopantomagram (OPG)	☐		☐				
	04 Computed Tomography (CT)	☐		☐				
	05 Other radiographs	☐		☐				
	06 Photographs	☐		☐				

620	**Further material**		a	b	c

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

Family name: ______________________ **AM Nbr:** ____________

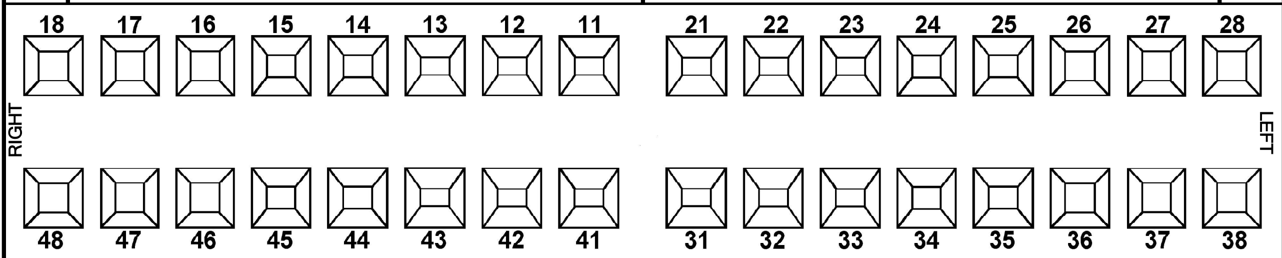
First/Middle name(s): ______________________

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

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

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

Family name: -- **AM Nbr:** ____________

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 Nbr.*	2 *Description*
705		*Additional Supporting Information page (700's)* 1 ☐ *No* 2 ☐ *Yes*

Family name: -- **AM Nbr:** ____________

First/Middle name(s): --

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

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:* ________			

Marker			Marker		
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	:	*Signature / Date*
Name	:	
Address	:	
Phone / Email	:	

Family name:		**AM Nbr:**
First/Middle name(s):		

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

835 APPENDIX BODY SKETCH (for optional use)