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

**First name(s):**

**Date of birth:** ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *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**<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email | | *INTERPOL NCB:*<br>*Police file No:* | | | |
| **105** | **Information given by**<br>Name<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email<br>**Relationship** | *Date:* | | | | |
| **110** | **ID info to**<br>Name<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email<br>**Relationship** | *1* ☐ *see 105* | | | | |
| **115** | **Partner**<br>If not single see 230 | *Single - If not,* *1* ☐ | *First-* _____ */ Middle-* _____ */ Family name of partner:* _____ | | | |
| **120** | **Fingerprinted**<br>01 Source | *1* ☐ *No* *2* ☐ *Yes* | *Where:* _____<br>*Specify:* _____ *Date:* _____ | | | |
| **125** | **If not, are fingerprints obtainable from residence/workplace/ other**<br>01 Address<br>See also 480 | *1* ☐ *No* *2* ☐ *Yes* | 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 name(s):**

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

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**<br>01 Alias<br>Name<br>Date of birth<br>Birthplace<br>02 Alias<br>Name<br>Date of birth<br>Birthplace | *First name:* *Family name:*<br>☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*<br>*Place:* *Country:*<br>*First name:* *Family name:*<br>☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*<br>*Place:* *Country:* | | | |
| **215** | **Nationality** | *Country:* *Multiple nationality:* | | | |
| **220** | **Birthplace** | *Place:* *Country:* | | | |
| **225** | **National ID number**<br>Number<br>Issuing country | ☐☐☐ *Enter ISO 3166-1 alpha-3 code (e.g. AUS for Australia)* | | | |
| **230** | **Marital status**<br>If single see 115 | *Engaged (date)* 1 ☐ *Cohabiting* 2 ☐ *Married (date)* 3 ☐<br>*Divorced* 4 ☐ *Widowed* 5 ☐ | | | |
| **235** | **Occupation** | | | | |
| **240** | **Current physical address**<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email<br>Mobile phone | | | | |
| **245** | **Religion** | *No* 1 ☐ *Yes (specify):* 2 ☐ | | | |

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

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

**First name(s):**

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

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

**EFFECTS (possibly carried on person or in luggage)**

## 300 Clothing Items

| No: | 1 Type | 2 Colour | 3 Label | 4 Material | a | b | c |
|---|---|---|---|---|---|---|---|
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**Head and neck**
- 101 Headcover
- 102 Scarf
- 103 Tie
- 199 Other

**Upper part of the body and arms**
- 201 Blouse
- 202 Braces
- 203 Brassiere
- 204 Cardigan
- 205 Coat
- 206 Gloves
- 207 Overcoat
- 208 Pullover
- 209 Shirt
- 210 T-shirt
- 211 Undershirt
- 212 Waistcoat
- 299 Other

**Lower part of the body and legs**
- 301 Belt
- 302 Shorts
- 303 Skirt
- 304 Socks
- 305 Stockings
- 306 Swimming attire
- 307 Tights
- 308 Trousers
- 309 Underpants
- 399 Other

**The whole of the body**
- 401 Body suit
- 402 Dress
- 403 Religious/Cultural/ Traditional
- 404 Uniform
- 499 Other

In case of using "x99 Other" describe the kind of item in column "1 Type".

## 305 Footwear

| No: | 1 Type | 2 Colour | 3 Label | 4 Material | a | b | c |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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- 01 Boots
- 02 Open footwear
- 03 Shoes
- 99 Other

Describe the kind of footwear in column "1 Type", e.g. sports shoes, sandals

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

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

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

**First name(s):**

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

| No: | 1 Make | 2 Model | 3 Colour | 4 Material | 5 Inscription |
|---|---|---|---|---|---|
| 01 Digital wristwatch | | | | | |
| 02 Analog wristwatch | | | | | |
| 03 Digital/analog w. | | | | | |

04 If wristwatch, worn on: *Left* 1☐ *Right* 2☐ *Outside* 3☐ *Inside* 4☐

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

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

**315 Glasses**

| | 1 Make | 2 Model | 3 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 | 2 Colour | 3 Material | 4 Inscription | 5 Where worn |
|---|---|---|---|---|---|
| 01 Anklet | | | | | |
| 02 Bracelets | | | | | |
| 03 Earclips | | | | | |
| 04 Earrings | | | | | |
| 05 Neck chains | | | | | |
| 06 Necklace | | | | | |
| 07 Nose ring | | | | | |
| 08 Pendant on chain | | | | | |
| 09 Wedding ring | | | | | |
| 10 Other rings | | | | | |
| 99 Other | | | | | |

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

Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

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

**AM No:** _____

**Family name:** ----------

**First name(s):** ----------

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

*Age* ☐☐ *Male* ☐ *Female* ☐ *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**

## 340 Identity documents

01 Bank cards
02 Driving licence
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 |
|---|---|---|---|---|---|---|---|---|
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## 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 *Make* | 2 *Model* | 3 *Colour* | 4 *Material* | 5 *Serial No.* | 6 *Markings* | a | b | c |
|---|---|---|---|---|---|---|---|---|---|
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## 350 Electronic devices

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

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

| No: | 1 *Make* | 2 *Model* | 3 *Colour* | 4 *Material* | 5 *Serial No.* | 6 *Markings* | a | b | c |
|---|---|---|---|---|---|---|---|---|---|
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Only use these colours: Black, Blue, Brown, Green, Grey, Orange, Pink, Purple, Red, White, Yellow, Unknown.

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

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

**First name(s):** _____

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

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

## BODY DESCRIPTION (external)

| | | a | b | c |
|---|---|---|---|---|
| **404** | **Specific details** | | | |

| | No: | 1 *Scars* | 2 *Piercings* | 3 *Tattoos* |
|---|---|---|---|---|
| **Head and neck** | | | | |
| 01 Head | | | | |
| 02 Neck | | | | |
| **Torso** | | | | |
| 03 Torso front | | | | |
| 04 Torso back | | | | |
| 05 Genitalia | | | | |
| 06 Buttocks | | | | |
| **Upper limbs** | | | | |
| 07 Right upper arm | | | | |
| 08 Left upper arm | | | | |
| 09 Right forearm | | | | |
| 10 Left forearm | | | | |
| 11 Right hand | | | | |
| 12 Left hand | | | | |

| | No: | 4 *Skin marks* | 5 *Malformations* | 6 *Amputations* |
|---|---|---|---|---|
| **Lower limbs** | | | | |
| 13 Right thigh | | | | |
| 14 Left thigh | | | | |
| 15 Right knee | | | | |
| 16 Left knee | | | | |
| 17 Right lower leg | | | | |
| 18 Left lower leg | | | | |
| 19 Right foot | | | | |
| 20 Left 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 ☐ *Extensions* 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 No:** _____

**First name(s):** _____

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

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

| BODY DESCRIPTION (external + fingerprint) | | | a | b | c |
|---|---|---|---|---|---|
| **424** | **Eyebrows**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **428** | **Eyes**<br>01 Colour (Left and Right)<br><br><br><br>02 Distinctive feature(s) | *Blue* 1 ☐L ☐R *Grey* 2 ☐L ☐R *Green* 3 ☐L ☐R *Brown* 4 ☐L ☐R<br>*Black* 5 ☐L ☐R *Hazel* 6 ☐L ☐R *Maroon* 7 ☐L ☐R *Pink* 8 ☐L ☐R<br>*Cross-eyed* 1 ☐L ☐R *Squint-eyed* 2 ☐L ☐R *Artificial eye* 3 ☐L ☐R *Other (specify):* 5 ☐ _____ | | | |
| **432** | **Nose**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **436** | **Facial hair**<br>01 Type<br><br>02 Colour | *Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐<br>*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐<br>*Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ _____ | | | |
| **440** | **Ears**<br>01 Ear lobes/pierced<br><br>02 Distinctive feature(s) | *Attached* 1 ☐ *No* 2 ☐ *Yes* *Pierced - specify number of piercings* 3 ☐ *Left* _____ 4 ☐ *Right* _____<br>*No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **444** | **Mouth/teeth**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **448** | **Lips**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **452** | **Chin**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **456** | **Neck**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **460** | **Hands/nails**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **464** | **Feet/nails**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **468** | **Body/pubic hair**<br>01 Distinctive feature(s) | *No* 1 ☐ *Yes (describe and use page Sup. Info. (700's) for details):* 2 ☐ _____ | | | |
| **472** | **Circumcision** | *No* 1 ☐ *Yes* 2 ☐ | | | |
| **476** | **Ancestry** | *European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ _____<br>*Mixed (specify):* 5 ☐ _____ | | | |
| **480** | **Fingerprint**<br>01 Number retrieved<br><br>02 Format<br><br>03 Development technique | *No:* _____<br>*Lifts* 1 ☐ *Digital photo* 2 ☐ *35mm photo* 3 ☐ *Other (specify):* 4 ☐ _____<br>*Powder* 1 ☐ *Chemicals* 2 ☐ *Other (specify):* 3 ☐ _____ | | | |

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

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

**First name(s):**

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

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

| PATHOLOGY | | | a | b | c |
|---|---|---|---|---|---|
| **500** | **General practitioner**<br>Name<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email | | | | |
| **505** | **Medical record lists**<br>01 Diagnoses<br>02 Findings<br>03 Fractures<br>04 Hospitalizations<br>05 Operation scars<br>06 Organs missing<br>07 Prescriptions<br>08 Ref. to specialist<br>09 Symptoms<br>10 Treatments<br>11 Other scars<br>12 Other<br>**Addicted to**<br>20 Alcohol<br>21 Drugs<br>22 Narcotics<br>23 Tobacco<br>**Infectious diseases**<br>30 AIDS/HIV<br>31 Hepatitis<br>32 Tuberculosis<br>33 Other<br>**In women**<br>40 Births<br>41 Hysterectomy<br>42 Intrauterine contra-ceptive devices<br>43 Pregnancy | **No:** 1 *Specify* | | | |
| **515** | **Implants**<br>01 Breast<br>02 Pacemaker<br>03 Insulin pump<br>04 Other surgical implants | **No:** 1 *Specify* 2 *Serial No.* | | | |
| **520** | **Prostheses** | *No* 1 ☐ *Yes (specify):* 2 ☐ _____ | | | |
| **525** | **Other artificial aids** | *No* 1 ☐ *Yes (specify):* 2 ☐ _____ | | | |
| **530** | **Organs removed** | *No* 1 ☐ *Yes (specify):* 2 ☐ _____ | | | |

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

**AM No:** _____

**Family name:** _____

**First name(s):** _____

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

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

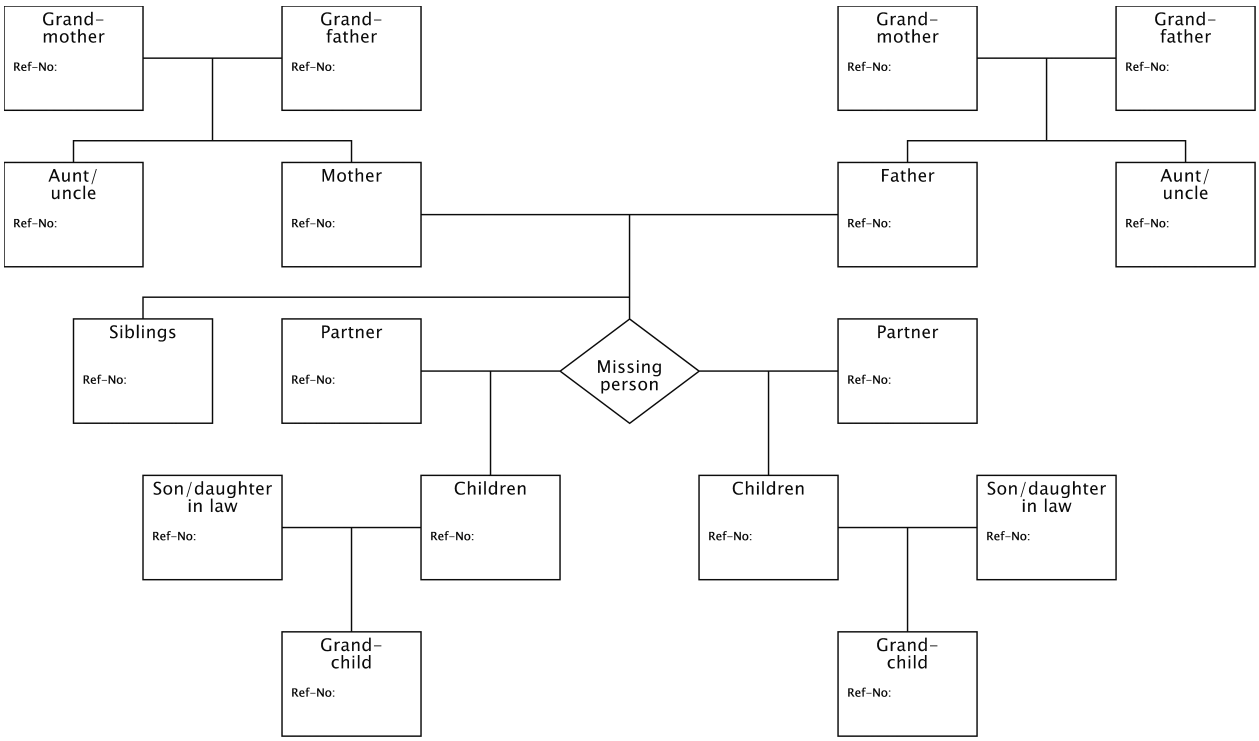
**PATHOLOGY (DNA related information)** | a | b | c

**555 Reference**
Missing person
(Direct reference)

*Type of sample:* *DNA-profile* *1* ☐ *Biobank* *2* ☐ *Personal belonging (specify):* *3* ☐ _____
*Date of sample:* _____ *Laboratory reference:* _____

## 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).




**560**

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

*Name(s):* _____
*National ID-number:* _____ *Laboratory reference:* _____
*Type of sample:* _____ *Date of sample:* _____

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

*Name(s):* _____
*National ID-number:* _____ *Laboratory reference:* _____
*Type of sample:* _____ *Date of sample:* _____

Family Reference No: _____ Relationship _____
(Please mark the reference of the family tree)

*Name(s):* _____
*National ID-number:* _____ *Laboratory reference:* _____
*Type of sample:* _____ *Date of sample:* _____

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

*Signature / Date*

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

**First name(s):**

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

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

## ODONTOLOGY

| | | a | b | c |
|---|---|---|---|---|
| **600** | **Dentist/clinic**<br>Name<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email<br><br>01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____<br>02 Enclosed: *Radiographs* 1 ☐ *Casts* 2 ☐ *Photos* 3 ☐ *Other (specify):* 4 ☐ _____ | | | |
| **605** | **Dentist/clinic**<br>Name<br>Street / No.<br>Postcode / Town<br>State / Country<br>Phone / Email<br><br>01 Period covered: *Records* 1 ☐ *From:* _____ *To:* _____<br>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 PA | ☐ | | ☐ | | | | |
| 02 BW | ☐ | | ☐ | | | | |
| 03 OPG | ☐ | | ☐ | | | | |
| 04 CT | ☐ | | ☐ | | | | |
| 05 Other radiographs | ☐ | | ☐ | | | | |
| 06 Photographs | ☐ | | ☐ | | | | |

| | | | | |
|---|---|---|---|---|
| **620** | **Further material** | | | |

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

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

**First name(s):**

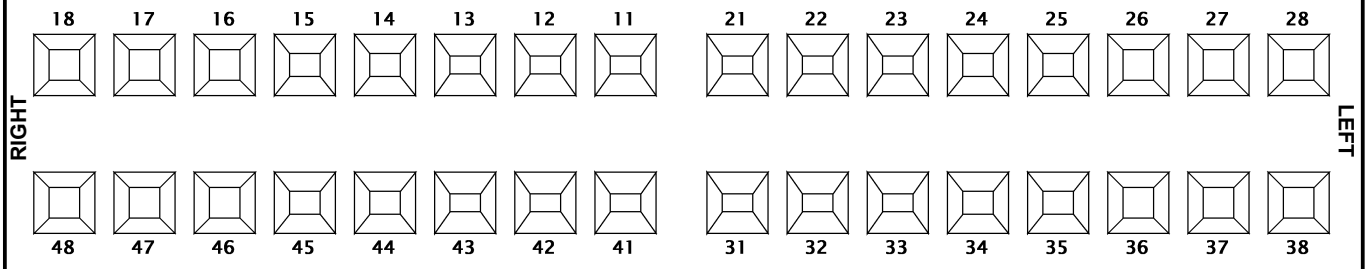
**Date of birth:** ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

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**<br>01 Specify | 1 ☐ *Crowns* 2 ☐ *Pontics* 3 ☐ *Implants*<br>4 ☐ *Dentures* 5 ☐ *Other* | | | |
| 640 | **Other findings**<br>01 Specify | 1 ☐ *Occlusion* 2 ☐ *Tooth wear* 3 ☐ *Periodontal status*<br>4 ☐ *Supernumeraries* 5 ☐ *Stains* 6 ☐ *Other* | | | |
| 645 | **Type of dentition**<br>01 Specify | 1 ☐ *Primary dentition* 2 ☐ *Mixed dentition* 3 ☐ *Permanent dentition* | | | |
| 650 | **Quality check**<br>FOd 1 | *Date:* *Signature:*<br>*FOd 1 Name:* | | | |
| | FOd 2 (If available) | *Date:* *Signature:*<br>*FOd 2 Name:* | | | |

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

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

**First name(s):**

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

**SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field number)**

**700**

| **1** *Field No.* | **2** *Description* |
|---|---|
| | |

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

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

**First name(s):**

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

**SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field number)**

**700**

| **1** *Field No.* | **2** *Description* |
|---|---|
| | |

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

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

**First name(s):**

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

**SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field number)**

**700**

| **1** *Field No.* | **2** *Description* |
|---|---|
| | |

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

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

**First name(s):**

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

**SUPPORTING INFORMATION (if referring to data given on a previous page, please indicate field number)**

**700**

| **1** *Field No.* | **2** *Description* |
|---|---|
| | |

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

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

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

**First name(s):**

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

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

| **805 APPENDIX DNA** | | | | | | **a** | **b** | **c** |
|---|---|---|---|---|---|---|---|---|
| **810** | **Typing Laboratory** | *Name:* _____ *Email:* _____ *Address:* _____ *City:* _____ *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** | Missing person | | Reference - Ref.no: _____ | | | | |
| | VWA | | | | | | | |
| | TH01 | | | | | | | |
| | D21S11 | | | | | | | |
| | FGA | | | | | | | |
| | D8S1179 | | | | | | | |
| | D3S1358 | | | | | | | |
| | D18S51 | | | | | | | |
| | Amelogenin | | | | | | | |
| | TPOX | | | | | | | |
| | CSF1PO | | | | | | | |
| | D13S317 | | | | | | | |
| | D7S820 | | | | | | | |
| | D5S818 | | | | | | | |
| | D16S539 | | | | | | | |
| | D2S1338 | | | | | | | |
| | D19S433 | | | | | | | |
| | Penta D | | | | | | | |
| | Penta E | | | | | | | |
| | D1S1656 | | | | | | | |
| | D2S441 | | | | | | | |
| | D10S1248 | | | | | | | |
| | D22S1045 | | | | | | | |
| | D12S391 | | | | | | | |
| | SE33 | | | | | | | |
| | D6S1043 | | | | | | | |
| | *Add any information not represented of the markers above, using c-column/page 700's Supporting information.* | | | | | | | |
| **830** | | *Additional DNA profile page (805-825) 1* ☐ *No 2* ☐ *Yes* | | | | | | |

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

**AM No:** _____

**Family name:** ----------

**First name(s):** ----------

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

*Age* ☐ *Male* ☐ *Female* ☐ *Unknown* ☐

**835 APPENDIX BODY SKETCH (for optional use)**