



VIP Personal Information

Last Name / Suffix / First / Initial Sex If Female/Maiden Name Age
 DOB MM / DD / YYYY Race Social Security # / Other Birth City State/Country Birth Hospital
 Address Apt # City State Zip
 County Country Inside City Limits Religious Preference
 Education: level completed. Elem/Second (0-12): College Degree Earned:
 Alias 1 Last First Middle Alias 2 Last First Middle
 Phone (H) Phone (W) Phone (Cell)

Marital Status Married Never Married Widowed Divorced Separated Unknown **Wedding Date** (MM / DD / YYYY)
Spouse Living Deceased Unknown
 Last Suffix Maiden/Birth name First Middle
Father Living Deceased Unknown
 Last Suffix First Middle
Mother Living Deceased Unknown
 Last Maiden/Birth name First Middle

Legal Next of Kin Last First Middle **Home**
Address **Work**
 City State Zip **On Site/Cell Phone**
Relationship: Wife Husband Father Mother Brother Sister Son Daughter Employer Friend Other
Permanent Contact Please place name and contact info here. Please place other here

Contact 1 Last / First / Middle / Suffix **Relationship**
 Address City State Zip Wife Daughter
 Husband Employer
 Father Friend
 Mother Other
 Brother
 Sister
 Son
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact

Contact 2 Last / First / Middle / Suffix **Relationship**
 Address City State Zip Wife Daughter
 Husband Employer
 Father Friend
 Mother Other
 Brother
 Sister
 Son
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact

Contact 3 Last / First / Middle / Suffix **Relationship**
 Address City State Zip Wife Daughter
 Husband Employer
 Father Friend
 Mother Other
 Brother
 Sister
 Son
 Home Phone Work Phone Cell Phone email
 Date of Initial Contact Type of Initial Contact



VIP Personal Information

Name _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Information

Hair Color Auburn Brown Gray Salt & Pepper Other
 Blonde Black Red White Please place other here _____

Hair Length Bald Shaved Short < 3" Medium Male Patern Baldness: Long

Hair Accessory Extensions Hair Piece Hair Transplant Wig

Hair Description Curly Wavy Straight N/A Other:

Facial Hair Type Clean Shaven Beard & Moustache Goatee Sideburns N/A
 Moustache Beard Stubble Lower Lip

Facial Hair Color Blonde Black Red White **Facial Hair Notes**
 Brown Gray Salt & Pepper _____

Eye Info

Eye Color Blue Green Gray Other **Color/Descrip:** _____
 Brown Hazel Black

Optical Lens Contacts Glasses Implants None **Desc.** _____

Eye Status Missing R Missing L Glass R Glass L Cataract N/A

NAIL Info

Fingernail Type Natural Artificial Unknown **Length** Extremely Long Long Medium Short

Fingernail Color _____ **Description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Toenail Color _____ **Toenail description** _____

Characteristics Bitten Decorated Misshapen Yellowed/Fungus N/A

Body Piercing(s)? Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Tattoo(s) Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	Description
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



VIP Personal Information

Name _____ / _____ / _____
Last Suffix First Initial Age

Dentist _____
Last First
Address _____ Phone 1 _____
City _____ State _____ Zip _____
 Unknown Never Went Dental Work Partial
 Dentures Tooth Jewelry
 Both Braces

Dental Info

Additional Dental Information/2nd Dentist: _____

Physician _____
Last First
Address _____
Address 2 _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____
Email _____
Practice Name _____
Physician Type _____
Seen for _____
Records Requested Yes No
Records Obtained Yes No

Physician Info

Medical Radiographs? Physician(s) _____
 Yes No Unknown Address _____

Medical Radiographs Location	Potential Type of Radiographs - and dates taken if known
_____	_____
_____	_____

Old Fractures: Yes No _____
Description: _____

Objects in Body: Pacemaker Bullets Implants Needles Shrapnel Other _____
Please place other objects here

Surgery Gall Bladder Tracheotomy Caesarean Reconstructive Other _____
 Appendectomy Laparotomy Mastectomy Open heart
Please place other surgery here

Diabetic? Yes No Unknown If Female / pregnancy in the past 12 months? Yes No Unknown

Unique Characteristics Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics
_____ Yes No _____

Prosthetic Location/Description
Prosthetic(s) _____
 Yes No _____

Additional Information



VIP Personal Information

Name _____ / _____ / _____ / _____
Last Suffix First Initial Age

Group Status: Alone Group **Group Type:** _____ **Fam/Grp Name:** _____
Family, Church Group, Sports, Military If Family Group, list names here

Last seen with _____

Last location victim was seen _____

Military Service Yes No Unknown Military DNA Taken: Yes No Unknown

Country _____ Service #: _____

Approximate Service Date _____ Military Branch _____

Ever Finger Printed: Yes No Immigration Status _____ Resident Alien Card (Green Card) Yes No

Fingerprints Footprints Ever been Arrested _____ Arrested By: _____

Print located _____

Usual Occupation: _____ Type of Business _____

Employer _____ Phone _____

Employer Address _____

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



VIP Personal Information

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WATCH:

#	Type/ Make	Band Material/ Color	Description	Inscription Photo Available
1				<input type="radio"/> Yes <input type="radio"/> No
2				<input type="radio"/> Yes <input type="radio"/> No

Gold color is denoted by yellow, silver color is denoted by white

JEWELRY:

#	Jewelry/ Type/style	Material Color/ Stone Color	Size / Where Worn/ Frequently Worn?	Description	Inscription Photo Available
1			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
2			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
3			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
4			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
5			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
6			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
7			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
8			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No
9			<input type="text"/> <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

Other Commonly Carried Personal Effects

Cell phone Yes No Unknown Cell phone type: _____ Service provider: _____
Cell phone number _____ Cell phone description _____



VIP Personal Information

Name _____ / _____ / _____
 Last / Suffix / First / Initial / Age

#	Clothing Items	Color	Description	Age	Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

CLOTHING:

Wallet: Description _____
 Contents _____

Purse: Description _____
 Contents _____

Pockets:
 Contents Left _____
 Contents Right _____



VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Interview_Location _____ **Interview_Date** _____ **Interview_Time** _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing_Organization _____

Interviewer Home Information

Interviewer Address: _____
Street, City State, Zip

Interviewer home phone: _____

Interviewer cell phone: _____

Interviewer work phone: _____

Interviewer On-Site Information

Interviewer on-site address _____
Street, Hotel, Room #

Interviewer on-site phone: _____

Interviewer on-site cell: _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____