INTERPOL DVI Form - Missing Person

AM No: ____________

Family name:

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** 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	**ID info to** Name Street / No. Postcode / Town State / Country Phone / Email **Relationship**	*1* ☐ *see 105*			
115	**Partner** If not single see 230	*Single - If not, First- / Middle- / Family name of partner:* *1* ☐			
120	**Fingerprinted** 01 Source	*1* ☐ *No* *2* ☐ *Yes* *Where:* *Specify:* *Date:*			
125	**If not, are fingerprints obtainable from residence/workplace/ other** 01 Address 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* ☐

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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 02 Alias Name Date of birth Birthplace	*First name:* *Family name:* ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* *Place:* *Country:* *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** If single see 115	*Engaged (date)* *1* ☐ *Cohabiting* *2* ☐ *Married (date)* *3* ☐ *Divorced* *4* ☐ *Widowed* *5* ☐			
235	**Occupation**				
240	**Current physical address** Street / No. Postcode / Town State / Country Phone / Email Mobile phone				
245	**Religion**	*No* *1* ☐ *Yes (specify):* *2* ☐			

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)

EFFECTS (possibly carried on person or in luggage)

		No:	1 Type	2 Colour	3 Label	4 Material	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 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** 01 Boots 02 Open footwear 03 Shoes 99 Other Describe the kind of footwear in column "1 Type", e.g. sports shoes, sandals	No:	1 Type	2 Colour	3 Label	4 Material			

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 :	

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
- 01 Digital wristwatch
- 02 Analog wristwatch
- 03 Digital/analog w.

No:	1 Make	2 Model	3 Colour	4 Material	5 Inscription

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

01 Frame

	1 Make	2 Model	3 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 No:*

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

330 External prostheses: *No* 1 ☐ *Yes (specify):* 2 ☐ *Serial No:*

335 Jewellery
- 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".

No:	1 Type	2 Colour	3 Material	4 Inscription	5 Where worn

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 ☐

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EFFECTS (possibly carried on person or in luggage) a b c

340	Identity documents	No:	1 Nationality	2 Number	3 Details	4 Biometrics	5 Chip	a	b	c
	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".									

345	Effects	No:	1 Make	2 Model	3 Colour	4 Material	5 Serial No.	6 Markings	a	b	c
	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".										

350	Electronic devices	No:	1 Make	2 Model	3 Colour	4 Material	5 Serial No.	6 Markings	a	b	c
	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".										

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)

BODY DESCRIPTION (external)			a	b	c
404	**Specific details** **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 **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	No: 1 *Scars* / 2 *Piercings* / 3 *Tattoos* No: 4 *Skin marks* / 5 *Malformations* / 6 *Amputations*			
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** 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)	*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			
	02 Distinctive feature(s)	*Cross-eyed* 1 ☐L ☐R *Squint-eyed* 2 ☐L ☐R *Artificial eye* 3 ☐L ☐R *Other (specify):* 5 ☐ ______			
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	*Shaved* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐ *Other (specify on page 700's)* 6 ☐			
	02 Colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐ *Mixed grey* 7 ☐ *Other (specify):* 8 ☐ ______			
440	**Ears** 01 Ear lobes/pierced	*Attached* 1 ☐ No 2 ☐ Yes *Pierced - specify number of piercings* 3 ☐ Left ______ 4 ☐ Right ______			
	02 Distinctive feature(s)	*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**	*No* 1 ☐ *Yes* 2 ☐			
476	**Ancestry**	*European* 1 ☐ *White* *African* 2 ☐ *Black* *Asian* 3 ☐ *Other (specify):* 4 ☐ ______ *Mixed (specify):* 5 ☐ ______			
480	**Fingerprint** 01 Number retrieved	*No:* ______			
	02 Format	*Lifts* 1 ☐ *Digital photo* 2 ☐ *35mm photo* 3 ☐ *Other (specify):* 4 ☐ ______			
	03 Development technique	*Powder* 1 ☐ *Chemicals* 2 ☐ *Other (specify):* 3 ☐ ______			

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* ☐

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PATHOLOGY			**a**	**b**	**c**
500	**General practitioner** Name Street / No. Postcode / Town State / Country Phone / Email				
505	**Medical record lists** 01 Diagnoses 02 Findings 03 Fractures 04 Hospitalizations 05 Operation scars 06 Organs missing 07 Prescriptions 08 Ref. to specialist 09 Symptoms 10 Treatments 11 Other scars 12 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 contra-ceptive 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	**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	:	

Family name: **AM No:** ____________

First name(s):

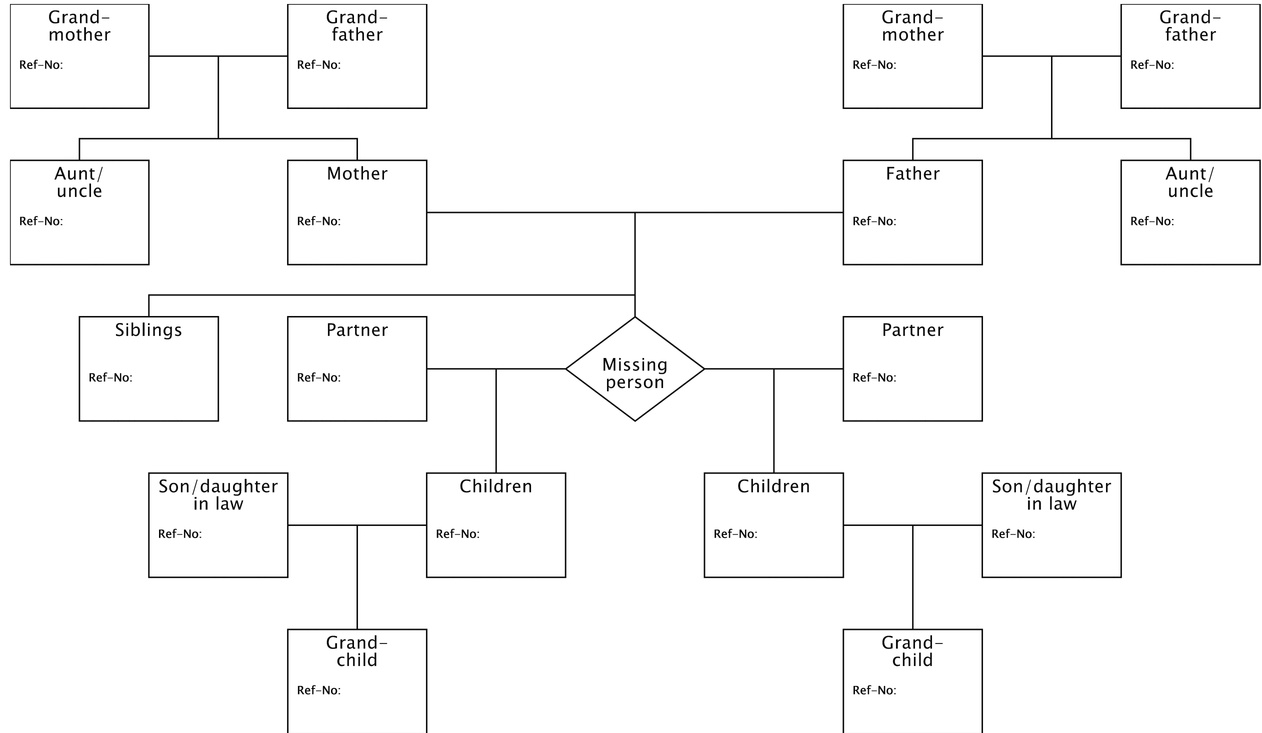
Date of birth: ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year* | *Age* ☐ | *Male* ☐ | *Female* ☐ | *Unknown* ☐

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

PATHOLOGY (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).



			a	b	c
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		*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* ☐

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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*	a	b	c
	01 PA	☐		☐				
	02 BW	☐		☐				
	03 OPG	☐		☐				
	04 CT	☐		☐				
	05 Other radiographs	☐		☐				
	06 Photographs	☐		☐				
620	**Further material**							

Collected by

Duty Title :

Name :

Address :

Phone / Email :

Signature / Date

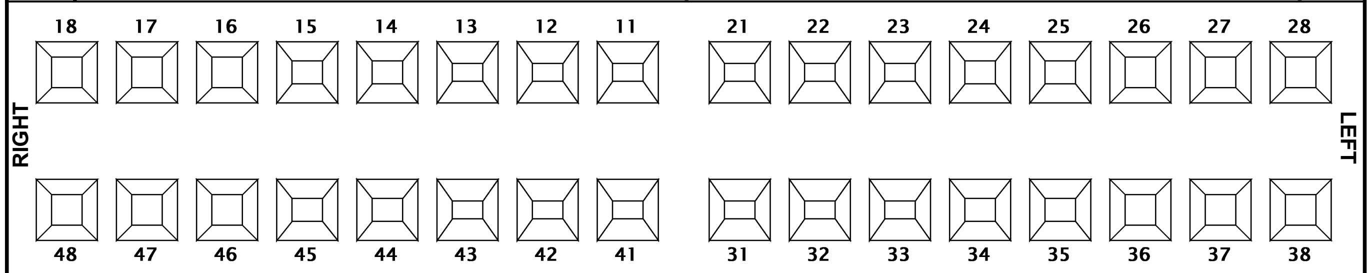
Family name: **AM No:**

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			
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** FOd 1	*Date:* *Signature:* *FOd 1 Name:*			
	FOd 2 (If available)	*Date:* *Signature:* *FOd 2 Name:*			

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 ☐

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*

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		*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*

835 APPENDIX BODY SKETCH (for optional use)