

# NATIONAL MISSING PERSONS PROGRAM

University of North Texas Center for Human Identification

3500 Camp Bowie

Fort Worth, Texas 76107

1-800-763-3147

www.unthumanid.org

missingpersons@unthsc.edu

## Family Reference Sample Evidence Registration Form

Investigating Agency Information		
Investigating Agency: _____	Agency Case No.: _____	
Address: _____	ORI No.: _____	
_____	NCIC No.: _____	
_____	NamUs No.: _____	
Contact Name: _____	Phone No.: _____	Fax No.: _____
E-mail Address: _____		
Reports are automatically sent to the investigating agency.		

Collecting Agency Information (If Different From Above)		
Collecting Agency: _____		
Address: _____		
_____		
Contact Name: _____	Phone No.: _____	Fax No.: _____
E-mail Address _____		
Collecting Agency to receive copy of report: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Evidence Submitted (Required*)				
UNTCHI LAB SAMPLE NO. <small>(Internal Use Only)</small>	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES	COLLECTED BY
	_____	_____	*Collected from _____ Print Name of Sample Donor	*Date _____  *Initials _____

Chain of Custody (Required*)		
*Released by: _____	_____	_____
Signature	Printed Name	Date & Time Released
Released to: United States Postal Service		
*Received by: _____	_____	_____
Signature	Printed Name	Date & Time Received

UNTCHI Lab Case No: _____ <small style="text-align: right;">UNTCHI Internal Use Only</small>
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## Missing Person and Family Reference Sample Information Form

Name of Missing Person: \_\_\_\_\_  
L a s t F i r s t M I

Age when missing: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Approx. Height: \_\_\_\_\_

Missing Person's Date of Birth: \_\_\_\_\_ Physical Identifiers (scars, marks, tattoos, medical devices, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Sex of Missing Person:  Female  Male

Race:  African-American  
 Asian  
 Caucasian  
 Hispanic  
 Native American  
 Other (Please Specify) \_\_\_\_\_

Are dental records available?  Yes  No

Date of Last Contact: \_\_\_\_\_

City/State of Last Contact: \_\_\_\_\_

Is this reference sample associated with a set of human remains submitted to UNTCHI?  Yes  No

If yes, list Agency Name and Case Number: \_\_\_\_\_

### Family Member Providing

Reference Sample: \_\_\_\_\_  
L a s t F i r s t M I

Sex of Family Member:  Female  Male

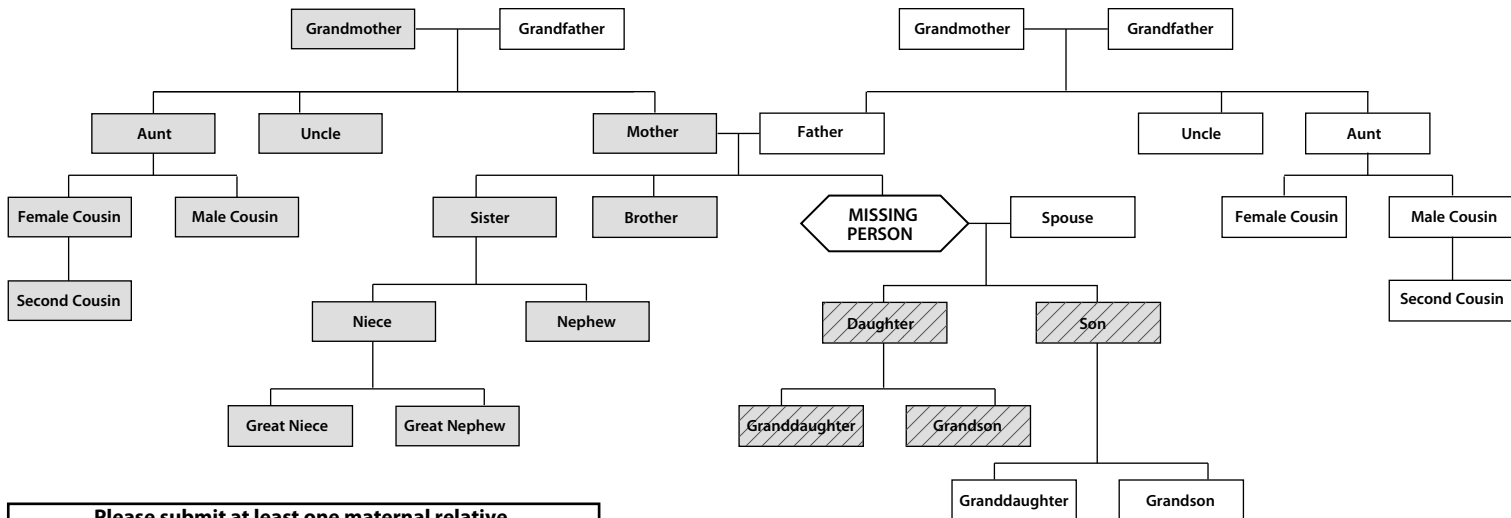
Race:  African-American  
 Asian  
 Caucasian  
 Hispanic  
 Native American  
 Other (Please Specify) \_\_\_\_\_

Relationship of Family Member to Missing Person: \_\_\_\_\_

Note: The most useful family reference DNA samples are from close blood relatives such as the missing persons biological mother, father, children, brothers, or sisters.

Submission of maternal relatives of the missing person allows for the analysis of both nuclear and mitochondrial DNA. If you have any questions regarding the selection of family members for reference sampling please call 1-800-763-3147.

### CIRCLE BOX BELOW INDICATING RELATIONSHIP TO MISSING PERSON



**Please submit at least one maternal relative.**  
 These boxes represent a maternal relative.  
 These boxes represent a maternal relative IF the missing person is female.

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## Consent for Collection, Testing and CODIS Entry Form

Name of Missing Person: \_\_\_\_\_  
Last First MI

Name of Reference  
Sample Donor: \_\_\_\_\_  
Last First MI

Relationship to Missing Person: \_\_\_\_\_

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide my sample(s) for DNA analysis and entry into the Combined DNA Index System (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, Section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches.

I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.

I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile in the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information, and the DNA profile cannot be associated with me as a donor.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Signature of family member  
or legal guardian giving consent: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY COLLECTOR

I, on the date of \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Law Enforcement Agent collecting DNA samples: Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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## Formulario de Consentimiento

### Para la Toma de Muestra(s), Análisis e Inclusión del Perfil de ADN en La Base de Datos, CODIS

Nombre de la

Persona Desaparecida: \_\_\_\_\_  
Apellido Nombre Inicial del Segundo Nombre

Nombre del Donante

(Muestra de Referencia): \_\_\_\_\_  
Apellido Nombre Inicial del Segundo Nombre

Relación con la Persona Desaparecida: \_\_\_\_\_

Entiendo que las respuestas proporcionadas en este formulario son correctas a mi leal saber y entender. Comprendo que mis respuestas son decisivas para el proceso de la identificación de mi familiar desaparecido.

Consiento proporcionar libre y voluntariamente mi(s) muestra(s) para el análisis de ADN y la inclusión del perfil de ADN en la base de datos Combined DNA Index System (CODIS), mantenida por el FBI según autoridad conferida por el Título 42, del Código de Estados Unidos, en la Sección 14132. Las agencias de orden público que tengan acceso en línea a la base de datos de desaparecidos, podrán comparar mi perfil de ADN para encontrar posibles relaciones.

Entiendo que la información que he proporcionado está protegida por las notificaciones del Acta de Privacidad para el National DNA Index System (NDIS) y el Central Records System del FBI, conforme a lo publicado recientemente en el Registro Federal. Además entiendo que mi(s) muestra(s) será(n) destruida(s) y mi perfil de ADN se retirará de la base de datos CODIS si se realiza la identificación positiva de mi familiar desaparecido.

Entiendo que no se me requiere ni se me obliga a proporcionar una(s) muestra(s) de ADN y que consiento la toma de mi muestra, con conocimiento y voluntariamente. Además consiento al uso de mi perfil de ADN en la base de datos de la población anónima para ser utilizado con fines estadísticos. La base de datos no incluirá información personal y mi perfil de ADN no podrá ser asociado conmigo como donante.

Autorizo al agente del orden público que firma este documento a que tome mi(s) muestra(s), con el único propósito de identificar a mi familiar desaparecido. Yo he sido testigo de que mi(s) muestra(s) ha(n) sido tomada(s) y etiquetada(s) con mi nombre. La(s) muestra(s) se ha(n) introducido en el sobre de toma de muestras, que ha sido sellado.

Firma del familiar o tutor legal que da el consentimiento: \_\_\_\_\_ Fecha: \_\_\_\_\_

### TO BE COMPLETED BY COLLECTOR

I, on the date of \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Law Enforcement Agent collecting DNA samples: Print Name \_\_\_\_\_

Signature \_\_\_\_\_

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## Fax Back Sample Tracking Form For Family Reference Sample

Complete This Form Immediately after Collecting Sample and Fax To The Following Number:

**800-221-3515**

Law Enforcement agencies should keep a copy of this form for confirmation  
of evidence submission and for case tracking.

Name of Missing Person: \_\_\_\_\_  
Last First MI

Sex:  Male  Female Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_

Agency Case No.: \_\_\_\_\_ NCIC No.: \_\_\_\_\_

NamUs No.: \_\_\_\_\_ ORI No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Reference  
Sample Donor: \_\_\_\_\_  
Last First MI

Date Samples Collected: \_\_\_\_\_

Collecting Agency (if different from above): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax this Family Reference Sample Tracking Form to the testing facility immediately after completing the collection process. The information provided will be entered into a Family Reference Sample tracking database. The information on this fax will be matched to the Family Reference Samples received through the U.S. Postal System. It is important to have a mechanism to ensure that the testing facility is receiving all of the Family Reference Sample kits sent.

UNTCHI Lab Case No: \_\_\_\_\_  
UNTCHI Internal Use Only