

# Family Reference Consent Form

## Missing Persons Program

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1-866-263-3443



Bode Case # \_\_\_\_\_

Agency \_\_\_\_\_

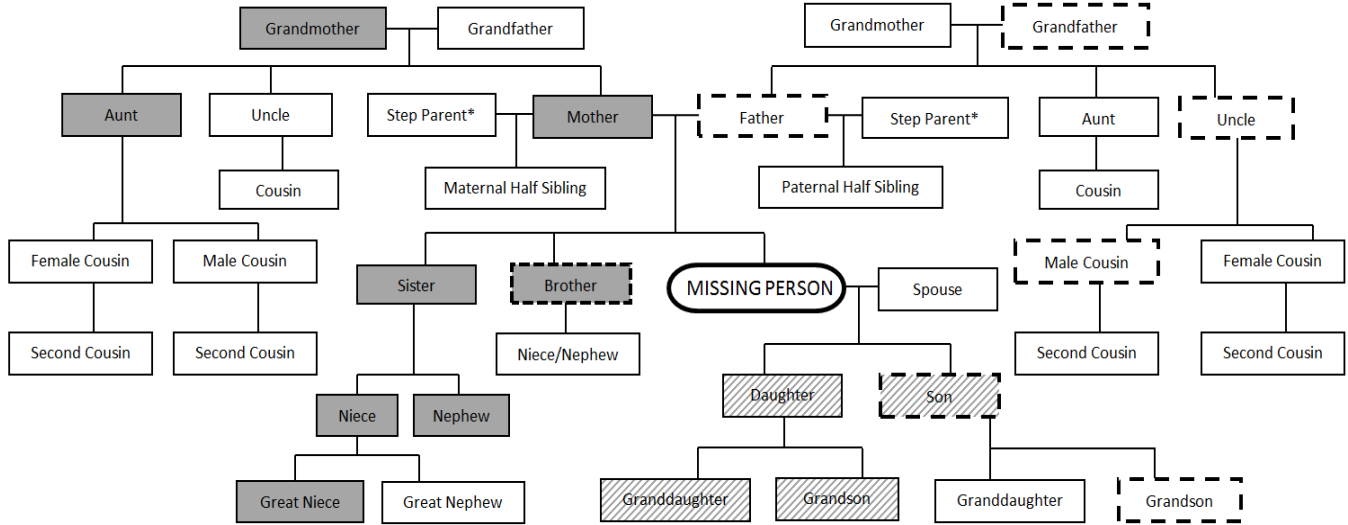
Reference # \_\_\_\_\_

### Family Member Providing Reference Sample Information

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex assigned at birth: Male Female Other  
 Phone Number: \_\_\_\_\_ Race: African American Asian Caucasian Hispanic Native American Other: \_\_\_\_\_  
 Relationship to Missing Person: \_\_\_\_\_

### Circle the box below indicating Relationship to the Missing Person:

Note: Close blood relatives such as the missing person's biological mother, father, child, brothers, or sisters will typically be the most informative.



Key:  Maternal Relative  Maternal Relative (if missing person is female)  Paternal Relative (if missing person is male)

### Donor Consent (Required)

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 from the National DNA Index System and 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 to 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: \_\_\_\_\_

Print Name of Legal Guardian, if applicable: \_\_\_\_\_

### To Be Completed by Collector (Required)

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: \_\_\_\_\_