



MINNESOTA MISSING PERSON'S DNA PROJECT

Family Information Form

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Distribution: FSS

Missing Person Information

Name: _____ Date of Birth: _____
Last First MI

<p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (please specify) _____</p>	<p>Age when missing: _____ Approx. Height: _____</p> <p>Date of last contact: _____</p> <p>Location of last contact: _____</p> <p>Scars, Marks and Tattoos: _____ _____ _____</p>
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DNA Sample Provided By

Last First MI

Sex: Female Male

Race: African-American Asian Caucasian Hispanic
 Native American Other (please specify) _____

Please Circle DNA Sample Providers Relationship to Missing Person

