

MINNESOTA MISSING PERSON BULLETIN INFORMATION & RELEASE FORM



To the Complainant:

You are not legally required to provide this information, however the more accurate and complete the information, the better the chances of identification. Upon completion, this form should be returned to the address listed on the back of this form.

<u>NOTE:</u> The clearinghouse will endeavor to include all pictures submitted, however, Minnesota law only requires the inclusion of children in this bulletin, all other pictures will be included as space allows.

To Law Enforcement Agencies:

MN Statute requires that law enforcement agencies assist in the collection of missing children's photographs for their inclusion in this bulletin. Adult photographs are optional. To comply with this law, this form should be distributed to the complainant in all missing persons investigations.

NAME OF MISSING PERSON ALIAS/NICKNAME											
NAME OF IV	IISSING PEI	RSON		ALIAS/NICKNAME							
DATE OF BIRTH AGE			D.L.# SOCIAL SECURITY #								
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BUILD					
UNIQUE CHARACTERISTICS (Scars,Limp,Tattoo,Jewelry,Glasses,Etc.)											
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DENTAL RE	CORDS AV	All ARLE?	MEDICAL RECO	ORDS AVAILABLE?	FINGERPRINTS	S AVAILABLE? YES – NO					
YES - NO	.001100711	/ (IL/ (BLL: I	YES - NO	ONDO AVAILABLE:	TINOLINI NIIVI	37WALABLE: 120 IVO					
BLOOD TYP	\ <u></u>	MEDICAL	PROBLEMS?	TVDE OF D	ROBLEMS?						
BLOOD I YE	'E	YES – NO		TYPE OF P	ROBLEMS?						
•		120 140									
PRESCRIP	ΓIONS?										
MENTAL ST	ATE (Depre	essed, Suicidal	, etc.)								
LOCATION	LAST SEEN	I (Include City,	State)								
		, ,,	,								
DATE/TIME	I AST SEEN	N.	POS	SSIBLE DESTINATI	ON (City State)						
DATE/TIME	LAGI OLLI	•	100	DOIDLE DESTINATI	ON (Oity, State)						
LACTOFF	WEADING										
LAST SEEN	WEARING										
HOBBIES/INTERESTS											
ASSOCIATI	ONS & HAN	GOUTS									
VEHICLE YE	AR	MAKE		MODEL	COLOR	LICENSE # & STATE					
OTHER IDENTIFYING CHARACTERISTICS OF VEHICLE											
OTTIER IDE	INTIF LING	SHARACTERIC	STICS OF VEHI	OLE							
IFAPPLIC	ABLE: IN C	COMPANY WIT	ГН		ALIAS/NICKNAME						
RELATIONSHIP: (Noncustodial Parent/Abductor/Friend/Etc.)											
ADDRESS				CITY	STATE	PHONE NUMBER					

RACE SEX HEIGHT WEIGHT HAIR COLOR EYE COLOR BUILD UNIQUE CHARACTERISTICS (Scars,Limp,Tattoo,Jewelry,Glasses,Etc.) VEHICLE YEAR MAKE MODEL COLOR LICENSE# & STATE INCLUDE ANY ADDITIONAL INFORMATION REGARDING THE MISSING PERSON NOT ADDRESSED ELSEWHERE ON THIS FORM: PLEASE ENCLOSE A CURRENT PHOTOGRAPH (Note: Photographs will not be returned without a stamped self addressed envelope.) PARENT/SPOUSE/GUARDIAN NAME HOME PHONE WORK PHONE ADDRESS CITY STATE ZIP INVESTIGATING OFFICER PHONE NUMBER CASE NUMBER The following authorization is required in order to include any missing person's photograph and relevant information on the MN Missing Persons Clearinghouse Website and in the quarterly bulletin prepared by the MN State Clearinghouse for Missing Children/Persons(Bureau of Criminal Apprehension). I, give consent for the information and photograph of to be used by the MN State Clearinghouse for Missing children/Persons(Bureau of Criminal Apprehension). Children/Persons in publishing its bulletin and other related publications. I understand that this information will be diseminated to state and national law enforcement agencies, other state clearinghouses, schools and/or community organizations and further understood and agreed that any and all information supplied by me shall be truthy, and agree to indenstood and agreed that any and all information of a missing person in this bulletin agrees to indension that the internation, and the microganizations and/or individuals, contacts or sources of information, or or on account of any legal liability for suits, agreed to any and all information of a missing person in this bulletin agrees to indensing a community or of missing or commission occasioned by misinformation and photograph or or of missing or commission occasioned by misinformation in may supply. The undersigned individual(s) placing the description of a missing person in this bulletin agrees to indensing the suits and or individuals, contacts or sources of information, for or on account of any legal liab						
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If you have questions regarding this form, please call (651) 793-1120. Send complete form to: Minnesota State Clearinghouse for Missing Children/Persons	•		•	•	en/Persons	
Bureau of Criminal Apprehension	Cond Complete Iollii				71/1 C130113	
			and Avenue East			
1420 Maryland Avanua Foot		1430 Maryl				

IF THE PERSON REPORTED MISSING RETURNS, PLEASE CONTACT LOCAL LAW ENFORCEMENT IMMEDIATELY!

This form can also be located at www.crimealert.state.mn.us under Missing Persons Clearinghouse
Information received on this form will be posted to the above website where you may also print posters.