

TEXAS DEPARTMENT OF PUBLIC SAFETY MISSING PERSONS CLEARINGHOUSE REPORT FORM

BE VERY SPECIFIC AND COMPLETE:

Name of Missing Person _____ Alias/Nickname _____

Date of Birth _____ Age _____ Driver License Number _____ Social Security Number _____

Race _____ Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Build _____

Unique Characteristics (Scars, Limp, Tattoo, Jewelry, Glasses, etc.) _____

Dental Records Available? Yes _____ No _____ Medical Records Available? Yes _____ No _____ Fingerprints Available? Yes _____ No _____

Blood Type _____ Medical Issues? Yes _____ No _____ If "Yes," Type of Issue _____

_____ Prescription? _____

Mental State (Depressed, Suicidal, etc.) _____

Location Last Seen: City _____ State _____ County _____ Zip _____

Date/Time Last Seen _____ Possible Destination (City, State) _____

Last Seen Wearing _____

Hobbies & Interests _____

Associations & Hangouts _____

Vehicle Year _____ Make _____ Model _____ Color _____ License Number & State _____

Other Identifying Characteristics of Vehicle _____

IF APPLICABLE: In Company With _____ Alias/Nickname _____

Relationship: Noncustodial Parent _____ Relative _____ Abductor _____ Friend _____

Address _____ City _____ State _____ Zip _____ Phone Number _____

Date of Birth _____ Age _____ Driver License Number _____ Social Security Number _____

Race _____ Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Build _____

Unique Characteristics (Scars, Limp, Tattoo, Jewelry, Glasses, etc.) _____

Vehicle Year _____ Make _____ Model _____ Color _____ License Number & State _____

Other Identifying Characteristics of Vehicle _____

Include any additional information regarding the missing person not addressed elsewhere on this form (use additional sheets if necessary).

If available, please include a current photograph with your submission

Parent/Spouse/Guardian Name _____ Phone Number (Home) _____ (Work) _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Local Agency Handling Case _____ City _____ State _____

Agency Address _____ Fax Number _____

Investigating Officer _____ Phone Number _____ Case Number _____

E-mail Address _____

In cases of parental abductions, a copy of the court-certified custody order must be enclosed or attached to the e-mail submission

Authorization for Release of Information

The undersigned _____ of _____
(print name & relationship: parent, spouse, guardian, or law enforcement) (print name of missing child/person)

hereby requests that his/her name, age, description, photograph (enclosed), and circumstances surrounding his/her missing status appear in the Missing Persons Bulletin published by the Texas Department of Public Safety. I understand this information may also be published or otherwise disseminated and made available to law enforcement agencies and other agencies or organizations involved with missing persons.

It is further understood and agreed that any and all information supplied by me shall be truthful, and I agree to hold harmless the Texas Department of Public Safety for any error of omission or commission occasioned by misinformation I may supply.

The undersigned individual(s) placing the description of a missing person in the Missing Persons Bulletin agrees to indemnify and hold harmless the Texas Department of Public Safety and any and all Law Enforcement Agencies or other organizations and/or individuals, contacts or sources of information, for or on account of any Legal Liability for suits, actions, claims, or damages that the reported missing person might prosecute against the aforesaid persons and entities and or individuals, whether successful, including defendants, costs sustained.

SIGNED: _____ DATED: _____

**** Release must be signed by the parent, spouse, legal guardian, or investigating officer ****

Send the completed form to:

Fax: 512-424-2885

E-mail: mpch@dps.texas.gov

Texas Department of Public Safety

Missing Persons Clearinghouse

P.O. Box 4087

Austin, TX 78773-0422

Immediately notify the Missing Persons Clearinghouse when the person has been located

1-800-346-3243 or 512-424-5074

www.dps.texas.gov/mpch
