



MISSING PERSON REPORT

CUE Center for Missing Persons
PO Box 12714 Wilmington, North Carolina 28405
(910) 343-1131 or (910) 232-1687

MISSING ADULT

MISSING PERSON		Case Number	OCA	NCIC	DATE:
NAME: (Last, First, Middle)				ALIAS/NICKNAMES:	
SEX:	RACE:	OTHER Y/N	PLACE OF BIRTH (City, State, County):	DATE OF BIRTH:	AGE:
HEIGHT:	WEIGHT:	BUILD:			
EYE COLOR:	HAIR COLOR:	HAIR LENGTH:	HAIR STYLE:	NAMES OF PLACES FREQUENTED	
COMPLEXION: <input type="checkbox"/> Albino <input type="checkbox"/> Black <input type="checkbox"/> Fair, Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Olive <input type="checkbox"/> Yellow <input type="checkbox"/> Acne			TEETH: <input type="checkbox"/> Normal <input type="checkbox"/> Braces <input type="checkbox"/> Caps <input type="checkbox"/> Protruding <input type="checkbox"/> Gaps <input type="checkbox"/> Chipped <input type="checkbox"/> Decayed <input type="checkbox"/> Other		
SCARS; MARKS; TATTOOS:			SPECIAL IDENTIFIERS (Eye glasses, Contacts, Beard, Mustache)		
EMAIL/SCREEN NAME(S):		CELL PHONE:	MENTAL STATE:	DATE & TIME LAST SEEN:	MISSING FROM (City, State):
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER/STATE:		POSSIBLE DIRECTION OF TRAVEL:	
CLOTHING DESCRIPTION: DETAILED		BIOLOGICAL PARENT(S) LIVING: Y/N		BIOLOGICAL PARENT(S) FULL NAME(S) IF KNOWN:	

ADDITIONAL INFORMATION

OTHER PERSON(S)

IN COMPANY OF: 1 <input type="checkbox"/> Companion 2 <input type="checkbox"/> Abductor 3 <input type="checkbox"/> Suspect		NAME (Last, First, Middle):			
ALIAS/MAIDEN NAME:	SEX:	RACE: 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian/Alaskan Native 4 <input type="checkbox"/> Asian/Pacific Islander 5 <input type="checkbox"/> Unknown		PLACE OF BIRTH (City, State, County):	
DATE OF BIRTH:	AGE:	HEIGHT:	WEIGHT:	BUILD:	EYE COLOR:
HAIR COLOR:	HAIR STYLE:	HAIR LENGTH:			
FACIAL HAIR:	Special Identifiers 1 <input type="checkbox"/> Glasses 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Contacts 4 <input type="checkbox"/> Other		TEETH: <input type="checkbox"/> Normal <input type="checkbox"/> Braces <input type="checkbox"/> Caps <input type="checkbox"/> Protruding <input type="checkbox"/> Gaps <input type="checkbox"/> Chipped <input type="checkbox"/> Decayed		
COMPLEXION:			SCARS, MARKS, TATTOOS:		
LAST KNOWN ADDRESS (Street, City, State, Zip):					
OCCUPATION:	EMPLOYER/SCHOOL AND ADDRESS:			TELEPHONE (Home):	
DRIVER'S LICENSE NUMBER/STATE:		SOCIAL SECURITY NUMBER:		IMMIGRATION/NATURALIZATION NUMBER:	
CLOTHING DESCRIPTION:				RELATIONSHIP TO MISSING PERSON:	

VEHICLE

MAKE:	MODEL:	VEHICLE YEAR:	TYPE/STYLE:	COLOR (Top, Bottom, Interior):
TAG REGISTRATION NUMBER:	TAG STATE:	TAG YEAR:	DESCRIPTION - LIST ANY DESCRIPTIVE FACTS	

BACKGROUND INFORMATION

SCHOOL/ADDRESS:	TELEPHONE NUMBER:
EMPLOYER/ADDRESS:	TELEPHONE NUMBER:

OTHER PERTINENT INFORMATION:

DENTAL RECORDS AVAILABLE:

DENTIST NAME:

Y / N

ADDRESS:

PHONE NUMBER:

RELATIVE CONTACT INFORMATION (If known)

NAME: (Last, First, Middle):

RELATIONSHIP:

STREET ADDRESS:

TELEPHONE (Home):

CITY/STATE/ZIP:

TELEPHONE (Work):

PERSON SUBMITTING REPORT

REPORTER NAME:

TELEPHONE:

STREET ADDRESS

ALTERNATE TELEPHONE:

CITY/STATE/ZIP:

EMAIL:

INVESTIGATING LAW ENFORCEMENT AGENCY

LOCAL AGENCY NAME:

CASE NUMBER:

STREET ADDRESS

CITY/STATE/ZIP:

TELEPHONE:

INVESTIGATING OFFICER'S NAME:

INSTRUCTIONS

IMPORTANT CHECK LIST:

- Copy of agency police report
- Current photograph of the missing person

Please submit a summary of details of the day person went missing along with facts that have been completed since person(s) disappearance. Note: Include all family contact and law officials' information. Make sure you have signed an advocacy form; this is supplied by our center.

MAIL TO:

**CUE Center for Missing Persons
PO Box 12714
Wilmington, North Carolina 28405**

Phone: (910) 343-1131 or (910) 232 -1687

Fax: (910) 399-6137

Email: cuecenter@aol.com

NOTES

SUBMITTING PERSONS SIGNATURE

I do hereby swear or affirm that the information contained in this Missing Person report is true and correct, to the best of my knowledge and belief.

I have read, signed an advocacy form supplied by the CUE Center for Missing Persons and understand all contents within; I further grant permission to disseminate any and all information needed to locate the whereabouts of my missing loved one, (list name of missing person) _____ to include; displaying, or releasing information or photographs pertaining to said missing person.

I release the Community United Effort, also known as CUE Center for Missing for any unforeseen mentioned and not mentioned in organizational reporting forms of damages (of any kind) that may occur concerning listed case of said missing person.

X _____ X _____ X _____
PRINT Name of Person Submitting Report Signature of Person Submitting Report Date

OR

X _____ X _____ X _____
PRINT Name of Law Enforcement Contact Person Signature of Law Enforcement Contact Person Date

Form Must Be Signed By The Submitting Person