

# KENTUCKY MISSING PERSONS REPORT

<input type="checkbox"/> JUVENILE			<input type="checkbox"/> ADULT			<input type="checkbox"/> UNIDENTIFIED								
AGENCY				CASE NO			ORI							
DATE MISSING (or body found)		MO	DA	YR	TIME MISSING	HR	MN	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	DATE REPORTED	MO	DA	YR		
NAME LAST			FIRST			MIDDLE								
ALIASES/Nicknames				PHOTO ATTACHED		YES <input type="checkbox"/>		IF NO		WHERE STORED				
ADDRESS (or Location Body Found)														
RACE			<input type="checkbox"/> White	<input type="checkbox"/> Indian	<input type="checkbox"/> Hispanic	SEX		<input type="checkbox"/> M	HAIR		<input type="checkbox"/> Black	<input type="checkbox"/> Blond	<input type="checkbox"/> White	<input type="checkbox"/> Bald
			<input type="checkbox"/> Black	<input type="checkbox"/> Asian				<input type="checkbox"/> F	Color		<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red	
HAIR			<input type="checkbox"/> Above ear	<input type="checkbox"/> Collar	<input type="checkbox"/> Below Shoulder	FACIAL		<input type="checkbox"/> None	<input type="checkbox"/> Beard	<input type="checkbox"/> Mustache	BUILD		<input type="checkbox"/> Thin	<input type="checkbox"/> Heavy
Length			<input type="checkbox"/> Covers ear	<input type="checkbox"/> Shoulder		Hair		<input type="checkbox"/> Unshaven	<input type="checkbox"/> Goatee	<input type="checkbox"/> Sideburns			<input type="checkbox"/> Medium	<input type="checkbox"/> Muscular
EYE			<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Maroon	<input type="checkbox"/> Green	HEIGHT		WEIGHT		DOB		AGE	
Color			<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Unknown	<input type="checkbox"/> Hazel					MO	DA	YR	
COMPLEXION			<input type="checkbox"/> Fair/Light	<input type="checkbox"/> Dark	<input type="checkbox"/> Black	TEETH		<input type="checkbox"/> Protruding	<input type="checkbox"/> Caps	<input type="checkbox"/> Gold Capped				
			<input type="checkbox"/> Medium	<input type="checkbox"/> Ruddy	<input type="checkbox"/> Other			<input type="checkbox"/> Chipped	<input type="checkbox"/> Decayed	<input type="checkbox"/> Straight				
SCARS OR BIRTHMARKS														
TATTOOS OR DEFORMITIES														
ARTIFICIAL PARTS			<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Dentures	<input type="checkbox"/> Prosthesis									
			<input type="checkbox"/> Contacts	<input type="checkbox"/> Hearing Aid	(Artificial Parts)									
CLOTHING last seen wearing: Shirt, Shoes														
Hat, Belt, Slacks, Dress etc.														
ADDITIONAL Clothing Taken														
JEWELRY														
SOCIAL SECURITY NO				OPERATORS LICENSE NO				FINGERPRINT CLASSIFICATION						
DATE & TIME Last Seen			MO	DA	YR	HR	MN	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	LOCATION LAST SEEN					
PROBABLE DESTINATION (Name & Location)														
IN COMPANY WITH (Address, DOB or Age, Description, etc.)														
PRESENT MENTAL STATE (Depressed, Suicidal, etc.)														
DENTAL RECORDS AVAILABLE			<input type="checkbox"/> Yes	Where Stored										
			<input type="checkbox"/> No											
DOCTOR/HOSPITAL RECORDS AVAILABLE			<input type="checkbox"/> Yes	Where Stored										
			<input type="checkbox"/> No											
MEDICATION REQUIRED			<input type="checkbox"/> Yes	(Reason & Type)					Blood Type					
			<input type="checkbox"/> No											
MILITARY SERVICE			<input type="checkbox"/> Yes	Branch & Serial No.										
			<input type="checkbox"/> No											
VEHICLE INVOLVED			<input type="checkbox"/> Yes	Make		Model		Year		Color				
			<input type="checkbox"/> No											
VEHICLE REGISTRATION PLATE State				No.				Other Identifying Characteristics of Vehicle						

NEXT OF KIN Name _____ Address _____	Relationship _____ Phone Work: _____ Home _____
HOBBIES, Interest, Associations _____	
TYPE PLACES/HANG-OUTS Frequented: _____	
OTHER COMMENTS _____	

**JUVENILES ONLY**

PRESENT OR LAST SCHOOL ATTENDED	NAME	COUNTY	DISTRICT
PREVIOUS SCHOOLS ATTENDED			
BIRTH INFORMATION AS APPEARS ON BIRTH RECORD			
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	LAST
CHILD'S COUNTY OF BIRTH	STATE		

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify under penalty of law that I am the parent or legal guardian of the child described in this report and that my right to the custody of said child has not been terminated or limited by the order or decree of any court of law. I hereby authorize the Kentucky State Police, or any officer or employee thereof, or officer or employee of any other criminal justice agency, to disseminate the information contained in this report, including photographs, to any person or organization engaged directly or indirectly in any effort to assist in the location of missing children.

I certify that the information contained in this report is true and correct to the best of my knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. Work \_\_\_\_\_  
Home \_\_\_\_\_

Officer's Name \_\_\_\_\_ Badge No. \_\_\_\_\_

Agency \_\_\_\_\_

- Note:**
1. Attach Current Photograph
  2. Attach Child I-Dent (if available)
  3. Send Completed Form and Attachments to:

Kentucky State Police  
Missing Child Information Center  
1240 Airport Road  
Frankfort, KY 40601