

TEXAS MISSING PERSONS PROGRAM

University of North Texas Center for Human Identification, 3500 Camp Bowie, Fort Worth, TX 76107
1-800-763-3147, www.untchi.org

Family Reference Sample Submission Form

Instructions: Complete each section as applicable (shaded areas will be completed by UNTCHI).
Note: Sections 1 and 3-9 are required for submission. Omission of required information will cause a delay in processing.

UNTCHI Case No. _____

1. INVESTIGATING AGENCY

Agency: _____ Agency Case No: _____
 Address: _____ NCIC No: _____
 _____ NamUs MP No: _____

 Contact Name: _____ Phone No: _____
 Contact Email: _____ Fax No: _____

2. COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from above

Agency: _____ Agency Case No: _____
 Address: _____

 Contact Name: _____ Phone No: _____
 Contact Email: _____ Fax No: _____

3. EVIDENCE SUBMITTED Please submit one form per reference donor

UNTCHI SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	<input type="checkbox"/> Oral <input type="checkbox"/> Blood <input type="checkbox"/> Other	_____ Name of Donor	_____ Collector _____ Date of Collection

Is this reference sample associated with another case submitted to UNTCHI? Yes, UNTCHI Case No: _____
 No

4. CHAIN OF CUSTODY

Released by: _____
Signature Printed Name Date & Time Released

Shipped by: _____
Shipping Company Tracking Number

Received by: _____
(For UNTCHI Use Only) Signature Printed Name Date & Time Received

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5. MISSING PERSON INFORMATION

Name of Missing Person: _____
Last First Middle

Missing Person's Date of Birth: _____ Age When Missing: _____ Sex of Missing Person: Female Male

Eye Color: _____ Hair Color: _____ Approx. Weight: _____ Approx. Height: _____

Date of Last Contact: _____ City/County and State of Last Contact: _____

Are Dental Records Available? Yes No Physical Identifiers (scars, marks, tattoos, medical devices): _____

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

6. DONOR INFORMATION

DNA Sample Provided By: _____
Last First Middle

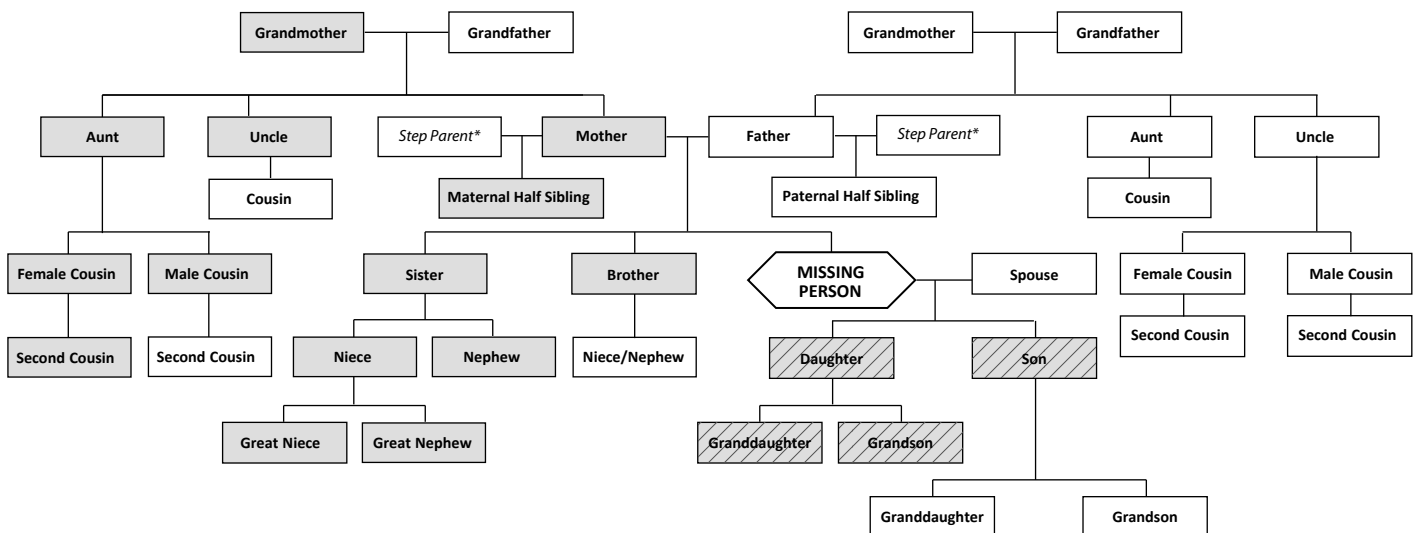
Contact Info: _____
Street City State Phone

Date of Birth: _____ Race: African-American Hispanic
 Asian Native American
 Caucasian Other (specify) _____

Sex of Donor: Female Male

Relationship of Donor to Missing Person: _____ Maternally Related Paternally Related

7. CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



Please submit at least one maternal relative.

**Step parents are not appropriate for submission.*

These boxes represent a maternal relative.

These boxes represent a maternal relative if the missing person is female.

Note: The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected.

If you have any questions regarding the selection of family members for reference sampling, please call (800) 763-3147.

UNTCHI Case No.

