## 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

## Unidentified Human Remains Submission Form

Instructions: Complete each section as applicable (shaded areas will be completed by UNTCHI). UNTCHI Case No. Note: Sections 1, 2, 4, 5 and 6 are required for submission. Omission of required information								
will cause a delay in processing.								
1. SERVICES REQUESTED								
Forensic Anthropological Analysis Note: If submitting remains for Forensic Anthropological analysis, please submit all of the skeletal elements that were recovered. Include with this submission form any investigative reports, scene descriptions, scene photographs, and maps. If you have questions regarding the submission of remains for anthropological analysis, call the Laboratory of Forensic Anthropology directly at (800) 279-1339.								
DNA Analysis (nuclear, mtDNA and/or Y-STRs) and CODIS entry (if applicable) Note: Type of DNA Analysis will be case dependent and determined by a qualified analyst								
2. SUBMITTING	AGENCY							
Agency:				Agency Case No:				
Address:				NCIC No:				
				NamUs UP No:				
Contact Name:				Phone No:				
Contact Email:				Fax No:				
Agency's Shippi	ing Company	and Account	No:					
		,		Required for return shipme	ent of rem	pains		
3. INVESTIGATING AGENCY Complete this section if the investigating agency is different from above								
Agency:				Agency Case No:				
Address:								
Contact Name:				Phone No:				
Contact Email:				Fax No:				
4. EVIDENCE SU	BMITTED	ttach additiona	l paperwork if needed					
UNTCHI SAMPLE NO.	ITEM NO.	QUANTITY		DESCRIPTION				
						Additional paperwork attached		
5. CHAIN OF CU	STODY							
Released by:								
		Signature		Printed Name		Date & Time Released		
Shipped by:		Shipping	Company		Tracking	Number		
		F F ***0			0	-		
Received by: (For UNTCHI Use Only)		Signature		Printed Name		Date & Time Received		

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6. UNIDENTIFIED HUMAN REMAINS RELATED INFORMATION								
Date Remains Found:								
Location Remains Found	(include City/County and State	):						
Are dental records available for the remains? 🗌 Yes 🔲 No								
Was the whole body or co	omplete skeleton found? 🔲 Y	es 🗌 No						
If Known: Age:	Sex: 🗌 Female 🗌 Male	Race:	Height:					
anthropological analysis has be	en requested). Acceptable reports in	rensic report(s) be included with the subm clude: Medical Examiner, Coroner, Forens uraged. Please indicate the reports include	sic Anthropologist, or Forensic					
Medical Examine	r or Forensic Pathologist	Investigator (Sheriff, Police	Department, etc.)					
🗌 Forensic Anthrop	ologist	Forensic Odontologist						
Note: The information contain documents related to the case		the CODIS identification process. These re	ports are treated as confidential					
7. ASSOCIATED CASE INF	ORMATION Complete this sect	ion if there is information regarding the pot	ential identity of the unidentified remains					
Name of Missing Person:	Last	First	Middle					
(IOI the missing person's case)		Agency Case	No:					
Have reference samples for the missing person been previously submitted to CODIS?  Yes No If yes, were reference samples submitted to UNTCHI?  Yes, UNTCHI Case No:								
if yes, were reference san	-	No						
Are reference samples being submitted at the same time as this unidentified remains sample?  Yes No								
NOTE: Family reference s	amples should be packaged se	parately and submitted with the ap	ppropriate submission form.					
8. ADDITIONAL INFORM	ATION Include any important deta	ils related to this case which may assist UN	ГСНІ					
9. SHIPPING AND CONTA	ACT INFORMATION							
UPS, DHL, etc). Overnight	shipping is recommended and	be shipped using a carrier which ca biodegradeable samples must be p Evidence Control at (800) 763-3147	packaged appropriately. For					
Shipping Address:	-	Center for Human Identification estigative Genetics, CBH 6th Floor						

UNTCHI Case No.