

The Salvation Army Missing Persons Inquiry Form

Return this form with a \$25.00 non-refundable registration fee (*check payable to The Salvation Army*) to:


Missing Persons Services
PO Box 635
West Nyack, NY 10994-0635

Case No. _____

The Registration fee is only a token charge. It does not cover the cost of setting up a case or searching for your missing person. Your further contributions to help offset the cost of this service are welcomed.

All inquiries are confidential. Please answer all questions. Give more details by letter if possible.

SECTION I INFORMATION ABOUT THE MISSING PERSON

 FULL NAME _____
(last, first, middle)
NICKNAME or ALIAS _____ MAIDEN NAME _____
DATE OF BIRTH (month/day/year) _____ PLACE OF BIRTH _____
FATHER (even if deceased) _____
MOTHER (even if deceased) _____ MAIDEN NAME _____

SECTION II ADDITIONAL INFORMATION ABOUT THE MISSING PERSON

SOCIAL SECURITY NUMBER _____
CITIZEN OF _____ NATIONALITY _____
EDUCATIONAL BACKGROUND _____
INSURED (y/n) _____ BY WHAT COMPANY _____
PERSONAL DESCRIPTION:
sex _____ height _____ weight _____ build _____
eyes _____ hair _____ race _____ complexion _____
scars _____ tattoo marks _____
physical handicaps or mannerisms by which the person might be recognized _____
DATE LAST HEARD FROM _____ IN PERSON ____ BY LETTER ____
LAST KNOWN ADDRESS _____
REASON FOR SEPARATION _____
EMPLOYMENT:
trade or occupation _____
name, date and address of last employer _____
name, date and address of previous employers _____
EVER DRIVE CAR/TRUCK ____ LICENSED IN WHAT STATE ____ DRIVER'S LICENSE NUMBER ____
EVER INCARCERATED ____ WHEN ____ WHERE ____
EVER FINGERPRINTED ____ WHEN ____ WHERE ____

MILITARY SERVICE:

branch of service _____ U.S. service number _____
rank, grade or rating _____ dates of active duty _____
received veteran's benefits ____ claim number if know _____
at what veterans' office _____

SECTION III INFORMATION ABOUT THE MISSING PERSON'S FAMILY (even if deceased)

Missing Person's Marital Status _____
(list names and dates of birth)
Husband or Wife _____ Wife's maiden name _____
Children _____

List Previous Marriages _____
Brothers or sisters _____

Which of the above individuals have you contacted _____

SECTION IV INDIVIDUALS WITH WHOM MISSING PERSON MAY BE TRAVELING OR LIVING

If more than one, please attach sheet with following information.
Full name _____ Date of birth _____ Marital status _____
Last known address _____
Last known employer's name & address _____
Names, relationships and addresses of other persons who may be able to give information concerning the missing person:

SECTION V OTHER INFORMATION

Names of Unions, Service Clubs, Fraternal Organizations, etc.

Church membership _____ Name of pastor _____

SECTION VI INFORMATION ABOUT YOU

FULL NAME _____ DATE OF BIRTH _____
ADDRESS _____ SSN _____
CITY, STATE, ZIP _____ TELEPHONE (____) _____
RELATIONSHIP: The Missing Person is my _____
REASON FOR INQUIRY _____

WHAT HAVE YOU DONE TO LOCATE PERSON _____

I understand that the whereabouts of the person located will not be divulged without his/her express consent. By signing this form I am giving permission to release my address and phone number to the missing person if located.

Signature _____ Date _____

PLEASE LIST ALL DOCUMENTS ENCLOSED _____
