

**NATIONAL 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**

<b>Instructions:</b> Complete each section as applicable (shaded areas will be completed by UNTCHI). <b>Note:</b> Sections 1 and 3-9 are required for submission. Omission of required information will cause a delay in processing.	UNTCHI Case No.
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**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? <input type="checkbox"/> Yes, UNTCHI Case No: _____ <input type="checkbox"/> 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

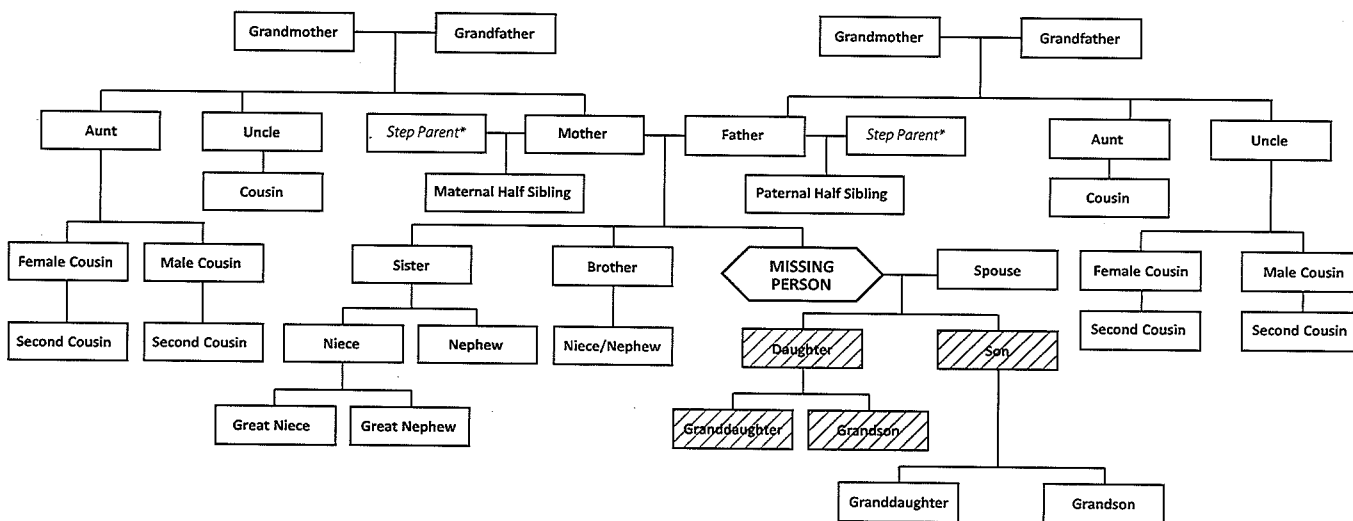
Date of Birth: \_\_\_\_\_

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.

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**Donor Consent/Consentimiento Del Donante**

**8. DONOR CONSENT/CONSENTIMIENTO DEL DONANTE**

**Name of Missing Person/Nombre de la Persona Desaparecida:**

Last/Apellido	First/ Nombre	Middle/Segundo Nombre
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**Name of Donor/Nombre del Donante:**

Last/Apellido	First/ Nombre	Middle/Segundo Nombre
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**Relationship of Donor to Missing Person/Relación del Donante a la Persona Desaparecida:**

Relationship/Relación
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I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

Entiendo que las respuestas proporcionadas en este formulario son correctas según mi leal saber y entender. Comprendo que la información proporcionada es crítica en el procedimiento de identificación de mi familiar desaparecido.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS. CODIS is maintained by the FBI under authority of Title 42, United States Code, Section 14132.

Libre y voluntariamente consiento que se procese mi(s) muestra(s) con el objetivo de realizar análisis de ADN e entradas y búsquedas de perfiles en la base de datos Combined DNA Index System (CODIS) utilizando los Índices de los Familiares y No Identificados. CODIS se mantiene por el FBI según autoridad conferida por el Título 42, del Código de Estados Unidos, en la Sección 14132.

I understand that the information I have provided is protected by the Privacy Act notices for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.

Comprendo que la información que proveo es de carácter confidencial y protegida por la notificación del Acta de Privacidad del National DNA Index System (NDIS) y el Central Records System del FBI, conforme con lo publicado recientemente en el Registro Federal. Además entiendo que mi(s) muestra(s) será destruida y mi perfil de ADN eliminado de la base de datos CODIS tan pronto como los objetivos de la identificación positiva de mi familiar desaparecido se alcance.

I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile in the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information, and the DNA profile cannot be associated with me as a donor.

Entiendo que no se me requiere ni se me obliga proporcionar una(s) muestra(s) de ADN y que consiento a la toma de mi muestra voluntariamente. Además autorizo la inclusión de mi perfil de ADN en la base de datos de la población anónima con fines de realizar estudios estadísticos. La base de datos no incluirá información personal y mi perfil de ADN no será asociado a mi persona.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

Autorizo al agente del orden público consignado en este documento que tome mi(s) muestra(s), con el objetivo de realizar la identificación de mi familiar desaparecido. Yo he sido testigo de que mi(s) muestra(s) se tomó e etiquetó con mi nombre. Además la(s) muestra(s) se colocó dentro del sobre de toma de muestras y se selló.

**Signature of Donor or Legal Guardian/Firma del Donante o Tutor Legal:**

X \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

**9. TO BE COMPLETED BY COLLECTOR**

I, on the date of \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Law Enforcement Agent collecting DNA samples: \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**UNTCHI Case No.**