Indiana State Police Laboratory Division

Family Reference Collection Form

Missing Person Information

Last Name	Suffix	First Name		Middle Name		Sex (at Birth)
Former Names (including maiden)		Date of Birth		Social Security Number		
Donor Information						
Last Name	Suffix	First Name		Middle Name		Sex (at Birth)
Home Address	•	•				Date of Birth
Street Address		City	State	Zipcode	Country	
Relationship to Missing Individual: (also circle below if applicable) Maternal Grandmother Grandfather Stepfather Mother Father Stepmother Half Sister/ Half Brother Sister Brother Spouse Individual Daughter Son						
Donor Consent: I freely and and voluntarily consent to provide my sample 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. I also understand that my DNA profile will be removed from the CODIS database if my family member is positively identified. Signature of Donor (or Legal Guardian) Print name of Legal Guardian (if applicable) Collection: I verified the identity of, and collected the DNA sample from, the individual detailed above on(date) at(time).						
Signature of Law Enforcement Agent			Print name of	Law Enforceme	nt Agent	