



MINNESOTA MISSING PERSON BULLETIN INFORMATION & RELEASE FORM



To the Complainant:

You are not legally required to provide this information, however the more accurate and complete the information, the better the chances of identification. Upon completion, this form should be returned to the address listed on the back of this form.

NOTE: The clearinghouse will endeavor to include all pictures submitted, however, Minnesota law only requires the inclusion of children in this bulletin, all other pictures will be included as space allows.

To Law Enforcement Agencies:

MN Statute requires that law enforcement agencies assist in the collection of missing children's photographs for their inclusion in this bulletin. Adult photographs are optional. To comply with this law, this form should be distributed to the complainant in all missing persons investigations.

NAME OF MISSING PERSON			ALIAS/NICKNAME			
DATE OF BIRTH		AGE	D.L.#	SOCIAL SECURITY #		
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BUILD
UNIQUE CHARACTERISTICS (Scars,Limp,Tattoo,Jewelry,Glasses,Etc.)						
DENTAL RECORDS AVAILABLE? YES - NO		MEDICAL RECORDS AVAILABLE? YES - NO		FINGERPRINTS AVAILABLE? YES - NO		
BLOOD TYPE	MEDICAL PROBLEMS? YES - NO		TYPE OF PROBLEMS?			
PRESCRIPTIONS?						
MENTAL STATE (Depressed, Suicidal, etc.)						
LOCATION LAST SEEN (Include City, State)						
DATE/TIME LAST SEEN			POSSIBLE DESTINATION (City,State)			
LAST SEEN WEARING						
HOBBIES/INTERESTS						
ASSOCIATIONS & HANGOUTS						
VEHICLE YEAR	MAKE	MODEL	COLOR	LICENSE # & STATE		
OTHER IDENTIFYING CHARACTERISTICS OF VEHICLE						
IF APPLICABLE: IN COMPANY WITH			ALIAS/NICKNAME			
RELATIONSHIP: (Noncustodial Parent/Abductor/Friend/Etc.)						
ADDRESS			CITY	STATE	PHONE NUMBER	

DATE OF BIRTH	AGE	DRIVERS LICENSE #	SOCIAL SECURITY #			
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BUILD
UNIQUE CHARACTERISTICS (Scars,Limp,Tattoo,Jewelry,Glasses,Etc.)						
VEHICLE YEAR	MAKE	MODEL	COLOR	LICENSE # & STATE		
INCLUDE ANY ADDITIONAL INFORMATION REGARDING THE MISSING PERSON NOT ADDRESSED ELSEWHERE ON THIS FORM:						

PLEASE ENCLOSE A CURRENT PHOTOGRAPH

(Note: Photographs will not be returned without a stamped self addressed envelope.)

PARENT/SPOUSE/GUARDIAN NAME	HOME PHONE	WORK PHONE	
ADDRESS	CITY	STATE	ZIP
LOCAL AGENCY HANDLING CASE	CITY	STATE	ZIP
INVESTIGATING OFFICER	PHONE NUMBER	CASE NUMBER	

INFORMATION/PHOTOGRAPH RELEASE FORM

The following authorization is required in order to include any missing person's photograph and relevant information on the MN Missing Persons Clearinghouse Website and in the quarterly bulletin prepared by the MN State Clearinghouse for Missing Children/Persons(Bureau of Criminal Apprehension).

I, _____, give consent for the information and photograph of _____ to be used by the MN State Clearinghouse for Missing Children/Persons in publishing its bulletin and other related publications. I understand that this information will be disseminated to state and national law enforcement agencies, other state clearinghouses, schools and/or community organizations and further understood and agreed that any and all information supplied by me shall be truthful, and I agree to hold harmless the Minnesota Department of Public Safety, Minnesota Bureau of Criminal Apprehension, and the Minnesota State Clearinghouse for Missing Children/Persons for any error of omission or commission occasioned by misinformation I may supply. The undersigned individual(s) placing the description of a missing person in this bulletin agrees to indemnify and hold harmless the Minnesota Department of Public Safety and all law enforcement agencies or to their organizations and/or individuals, contacts or sources of information, for or on account of any legal liability for suits, actions, claims, or damages that the reported missing person or his/her representative might pursue against the aforesaid persons and entities and/or individuals, whether successful or unsuccessful, including defendant's costs.

I acknowledge that a missing person report has been filed with _____ Case number (if known) _____ concerning this disappearance.

Signature _____

Date _____

If you have questions regarding this form, please call (651) 793-1120.

Send complete form to: Minnesota State Clearinghouse for Missing Children/Persons
 Bureau of Criminal Apprehension
 1430 Maryland Avenue East
 St. Paul, MN 55106

IF THE PERSON REPORTED MISSING RETURNS, PLEASE CONTACT LOCAL LAW ENFORCEMENT IMMEDIATELY!

This form can also be located at www.crimealert.state.mn.us under Missing Persons Clearinghouse Information received on this form will be posted to the above website where you may also print posters.