|  |  |  |
| --- | --- | --- |
| **Instructions:** Complete each section as applicable (shaded area will be completed by OSP). **Note:** All sections are required for submission. Sections 4, 5, and 6 must be filled out for every family reference sample submitted. Omission of required information may result in sample rejection. |  | **OSP Lab No.** |

1. **INVESTIGATING AGENCY**

Agency: Agency Case No:

Contact Name: Phone No:

Contact Email: NCIC No:

NamUs MP No: NamUs UP No:

1. **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

Race: [ ] African-American Physical Identifiers (scars, marks, tattoos, medical devices):

[ ] Asian

[ ] Caucasian

[ ] Hispanic

[ ] Native American

[ ] Other (specify)

Is the missing person adopted? [ ] Yes [ ] No

Other relevant information:

1. **IMPORTANT DIRECT REFERENCE SAMPLE INFORMATION**

The following sample types are acceptable as direct references: toothbrush, razor, hairbrush, dentures, medically obtained tissue or biopsies mounted on slides or embedded in paraffin. Should you wish to submit a different sample type as a direct reference, contact the DNA Supervisor at 971-673-8230.

**THIS PAGE IS REQUIRED FOR EACH FAMILY REFERENCE STANDARD TO BE SUBMITTED.**

1. **FAMILY REFERENCE STANDARD: DONOR INFORMATION**

DNA Sample Provided By:

 Last First Middle

Date of Birth: Race: [ ] African-American [ ] Hispanic

 [ ] Asian [ ] Caucasian

Sex of Donor: [ ] Female [ ] Male [ ] Native American [ ] Other (specify)

Relationship of Donor to Missing Person: [ ] Maternally Related [ ] Paternally Related

**Brother**

**Great Niece**

**Granddaughter**

**Grandson**

**Daughter**

**Son**

**Grandmother**

**Grandfather**

**Father**

**Spouse**

**Uncle**

**Mother**

**Niece**

**Nephew**

**MISSING PERSON**

**Grandmother**

**Grandfather**

**Aunt**

**Female Cousin**

**Male Cousin**

**Second Cousin**

**Sister**

**Great Nephew**

**Granddaughter**

**Grandson**

**Aunt**

**Uncle**

**Male Cousin**

**Female Cousin**

**Second Cousin**

*Stepparent\**

**Cousin**

**Second Cousin**

**Second Cousin**

**Niece/Nephew**

*Stepparent\**

**Cousin**

**Maternal Half Sibling**

**Paternal Half Sibling**

1. **FAMILY REFERENCE STANDARD: CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON**

Only samples from the parents and offspring of the missing person should be submitted. We encourage two or more family reference samples. If offspring samples are collected, attempts should be made to collect samples from the other biological parent. Samples from individuals with relationships to the missing person as shown in the gray boxes above may be collected where available but should not be submitted unless specifically requested. \**Stepparents are not appropriate for submission*.

1. **FAMILY REFERENCE STANDARD: CONSENT**

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. 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. I also understand that my DNA profile will be removed from the CODIS database if my family member is positively identified. 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 authorize the collection of this sample(s) for the purpose of identifying my missing family member.

Signature of Donor or Legal Guardian

x Date: