

# 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

## Unidentified Living Person Submission Form

**Instructions:** Complete each section as applicable (shaded areas will be completed by UNTCHI).  
**Note:** Sections **1, 3, 4, 5, 7** and **8** are required for submission. Omission of required information will cause a delay in processing.

UNTCHI Case No.

1. INVESTIGATING AGENCY	
Agency: _____	Agency Case No: _____
Address: _____ _____	NamUs MP No: _____
Contact Name: _____	Phone No: _____
Contact Email: _____	Fax No: _____

2. COURTESY COLLECTING AGENCY <small>Complete this section if the collecting agency is different from above</small>	
Agency: _____	Agency Case No: _____
Address: _____ _____	
Contact Name: _____	Phone No: _____
Contact Email: _____	Fax No: _____

3. EVIDENCE SUBMITTED			
UNTCHI SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	<input type="checkbox"/> Oral	Is ID of Donor Known?	Collector _____
	<input type="checkbox"/> Blood	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ Name of Donor	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			
Is CODIS entry of donor sample being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. CHAIN OF CUSTODY		
Released by: _____	Signature	Printed Name
		Date & Time Released
Shipped by: _____	Shipping Company	Tracking Number
Received by: _____	Signature	Printed Name
<small>(For UNTCHI Use Only)</small>		Date & Time Received

# 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

## Unidentified Living Person Submission Form

### 5. SAMPLE DONOR INFORMATION

Name of Sample Donor: \_\_\_\_\_

Unknown Sample Donor ID

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Donor's Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Race:  African-American  Hispanic

Sex of Donor:  Female  Male

Asian  Native American

Eye Color: \_\_\_\_\_

Caucasian  Other (specify) \_\_\_\_\_

Hair Color: \_\_\_\_\_

### 6. CASE DETAILS Basis for assumption of alleged ID of donor (please include alleged ID of Donor if applicable)

Alleged ID of Donor: \_\_\_\_\_

\_\_\_\_\_

### 7. DONOR CONSENT/CONSENTIMIENTO DEL DONANTE

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry and searching the Combined DNA Index System (CODIS) database, 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) que 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 the missing person 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 authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying the missing person. 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.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Donor or Legal Guardian

X \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del Donante o Tutor Legal

### 8. 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: \_\_\_\_\_

### 9. SHIPPING AND CONTACT INFORMATION

Submit this form with the sample. Evidence items must be shipped using a carrier which can track the shipment (FedEx, UPS, DHL, etc). Overnight shipping is recommended and biodegradable samples must be packaged appropriately. For shipping questions or assistance with this form, contact Evidence Control at (800) 763-3147 or missingpersons@unthsc.edu.

Shipping Address: University of North Texas Center for Human Identification  
Dept. of Forensic and Investigative Genetics, CBH 6th Floor  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107

UNTCHI Case No.