



# MINNESOTA MISSING PERSON'S DNA PROJECT

## \*Family Information Form\*

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### Missing Person Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

<p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race: <input type="checkbox"/> African-American  <input type="checkbox"/> Asian  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Hispanic  <input type="checkbox"/> Native American  <input type="checkbox"/> Other (please specify) _____</p>	<p>Age when missing: _____ Approx. Height: _____</p> <p>Date of last contact: _____</p> <p>Location of last contact: _____</p> <p>Scars, Marks and Tattoos: _____          _____          _____</p>
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### DNA Sample Provided By

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Sex:  Female  Male

Race:  African-American  Asian  Caucasian  Hispanic  
 Native American  Other (please specify) \_\_\_\_\_

### Please Circle DNA Sample Providers Relationship to Missing Person

