

NATIONAL CRIME INFORMATION CENTER
MISSING PERSON ENTRY FORM

N.C.I.C.# _____

(MKE) _____

Date: _____

(ORI) _____

Last

First

Middle

SEX _____

1(SEX) _____

RACE _____

1(RAC) _____

PLACE OF BIRTH _____

2(POB) _____

DATE OF BIRTH _____

6(DOB) _____

DATE OF EMANCIPATION _____

6(DOE) _____

HEIGHT _____

3(HGT) _____

WEIGHT _____

3(WGT) _____

EYE COLOR _____

3(EYE) _____

HAIR COLOR _____

3(HAI) _____

B OF I NUMBER _____

9(FBI) _____

SCARS & MARKS _____

3(SKN) _____

FINGERPRINT CLASS _____

9(SMD) _____

FBI NUMBER _____

20(FPC) _____

SOCIAL SECURITY _____

15(MNU) _____

DRIVERS LICENSE _____

9(SOC) _____

DRIVERS LICENSE STATE _____

2(OLY) _____

DRIVERS LICENSE YEAR EXP. _____

2(MNP) _____

MISSING PERSON _____

6(DLC) _____

ITEM NUMBER _____

9(OCA) _____

MISCELLANEOUS _____

117(MIS) _____

NAME OF REPORTING OFFICER:

NAME OF EMPLOYEE ENTERING INTO N.C.I.C.:
