

# TEXAS 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

## Family Reference Sample Submission Form

**Instructions:** Complete each section as applicable (shaded areas will be completed by UNTCHI).  
**Note:** Sections 1 and 3-9 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: \_\_\_\_\_ NCIC No: \_\_\_\_\_  
 \_\_\_\_\_ NamUs MP No: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Fax No: \_\_\_\_\_

### 2. COURTESY COLLECTING AGENCY Complete this section if the collecting agency is different from above

Agency: \_\_\_\_\_ Agency Case No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Fax No: \_\_\_\_\_

### 3. EVIDENCE SUBMITTED Please submit one form per reference donor

UNTCHI SAMPLE NO.	SAMPLE TYPE	DONOR INFORMATION	SAMPLE COLLECTED BY
	<input type="checkbox"/> Oral <input type="checkbox"/> Blood <input type="checkbox"/> Other	_____ Name of Donor	_____ Collector  _____ Date of Collection

Is this reference sample associated with another case submitted to UNTCHI?  Yes, UNTCHI Case No: \_\_\_\_\_  
 No

### 4. CHAIN OF CUSTODY

Released by: \_\_\_\_\_  
Signature Printed Name Date & Time Released

Shipped by: \_\_\_\_\_  
Shipping Company Tracking Number

Received by: \_\_\_\_\_  
(For UNTCHI Use Only) Signature Printed Name Date & Time Received

## Family Reference Sample Submission Form

### 5. 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 Physical Identifiers (scars, marks, tattoos, medical devices): \_\_\_\_\_

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

### 6. DONOR INFORMATION

DNA Sample Provided By: \_\_\_\_\_  
Last First Middle

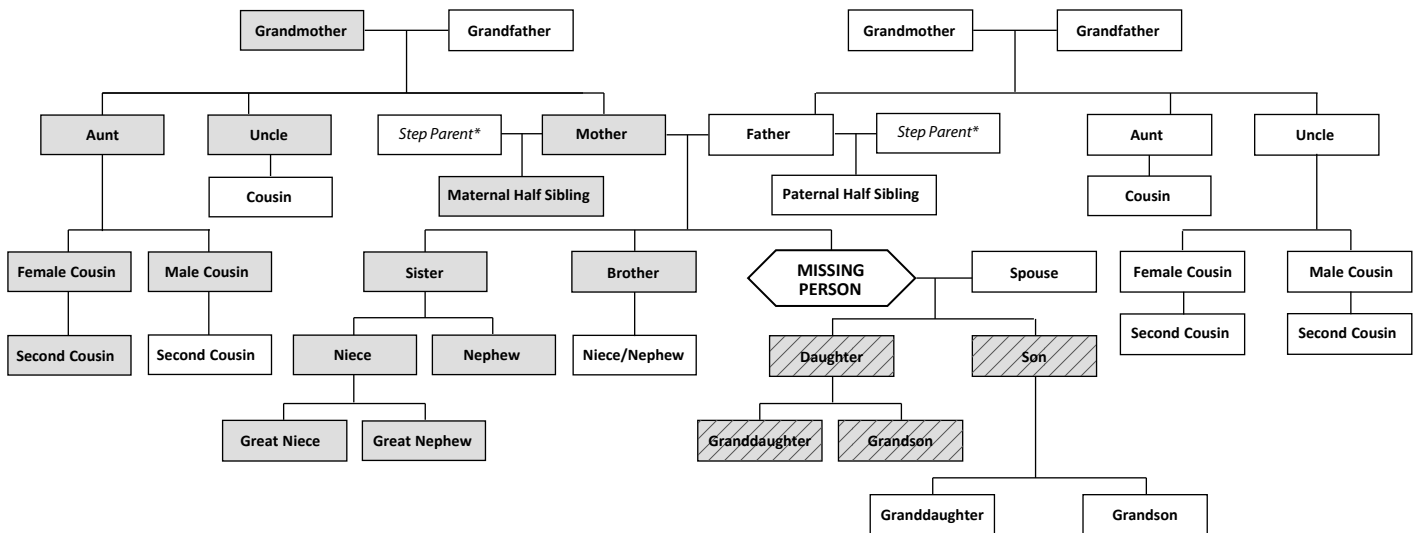
Contact Info: \_\_\_\_\_  
Street City State Phone

Date of Birth: \_\_\_\_\_ Race:  African-American  Hispanic  
 Asian  Native American  
 Caucasian  Other (specify) \_\_\_\_\_

Sex of Donor:  Female  Male

Relationship of Donor to Missing Person: \_\_\_\_\_  Maternally Related  Paternally Related

### 7. CIRCLE BOX INDICATING RELATIONSHIP TO MISSING PERSON



**Please submit at least one maternal relative.**

*\*Step parents are not appropriate for submission.*

These boxes represent a maternal relative.

These boxes represent a maternal relative if the missing person is female.

**Note:** The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected.

If you have any questions regarding the selection of family members for reference sampling, please call (800) 763-3147.

UNTCHI Case No.

