



Wisconsin Advocates for Families of Missing People

Information:

WAFMP is a non-stock/not-for-profit organization as defined by the State of Wisconsin. The organization collects information on missing and unidentified adult victims. Our organization uses this information collected to obtain a central database that is viewable by the public. WAFMP also distributes information to other agencies sharing a similar missing statement. WAFMP strives to provide additional resources to families and Law Enforcement Agencies.

Please review all information you entered on this form prior to submitting it. Forms must be filled out completely, including Agency Case Number and NCIC Number.

You must notify WAFMP immediately if a person is located or identified.

A photo must accompany the intake form, and will not be returned.

Submitting a Photo:

1. Via E-Mail (.jpg, .bmp)
Include person's name and/or case # in email
Send to tanya@wafmp.org
2. Via U.S. Mail – Must be an original photo, not a copy
Put person's name on back of photo

** Do Not Send Photos via Fax

Please contact us with any questions!

WAFMP
P.O. Box 106
Waupun, WI 53963

www.wafmp.org
tanya@wafmp.org



Unidentified Adult Victim Intake for LE/ME

Reporting Party's Information

Date: _____

Time: _____

YOUR Name: _____ YOUR Position: _____

YOUR Phone: _____

YOUR Agency Info: _____ Agency Phone: _____

Medical Examiner: _____

Phone: _____

UID's Information

Date of Discovery: _____ Estimated Date of Death: _____

Located: _____
City State County

Estimated Age: _____ Gender: _____ Race: _____

Estimated Height: _____
Feet & Inches

Weight: _____ lbs.

Hair color: _____ Length/Style: _____

Eye Color: _____ Glasses: _____ Contacts: _____ Color: _____

Case Information:

Identifying Features: (birthmarks, scars, piercings, previous brakes/injuries, tattoos, jewelry, belongings, etc.):

Circumstances: _____

Dental Records Available? YES NO

Fingerprints Available? YES NO

DNA Available? YES NO



Other Agencies Involved

Name: _____ Contact Person: _____

Phone: _____ Location: _____

Name: _____ Contact Person: _____

Phone: _____ Location: _____

Name: _____ Contact Person: _____

Phone: _____ Location: _____

OFFICE USE ONLY!

Case Worker: _____

Case Closed:

Date: _____

Closed by: _____ Signature: _____ Date: _____

Closed by: _____ Signature: _____ Date: _____

Agency Signature: _____ Date: _____

Law Enforcement Officer: _____ Date: _____

Agency Info: _____