

_____ POLICE DEPARTMENT
MISSING PERSON DECLARATION

NAME:

DATE OF BIRTH:

ADDRESS:

- DISABILITY:** A PERSON WHO IS MISSING AND WHO IS UNDER PHYSICAL / MENTAL DISABILITY, THEREBY SUBJECTING HIMSELF / HERSELF OR OTHERS TO PERSONAL AND IMMEDIATE DANGER.
- INVOLUNTARY:** A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT THE DISAPPEARANCE WAS NOT VOLUNTARY.
- ENDANGERED:** A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT HIS / HER PHYSICAL SAFETY IS IN DANGER.
- CATASTROPHE:** A PERSON WHO IS MISSING AFTER A CATASTROPHE, (E.G., PLANE CRASH)
- OTHER:** A PERSON NOT MEETING THE CRITERIA FOR ENTRY IN ANY OTHER CATEGORY, WHO IS MISSING & FOR WHOM THERE IS A REASONABLE CONCERN FOR HIS/HER SAFETY.

I hereby declare and certify to the _____ Police Department that the individual named above is missing as indicated in the category checked and his or her whereabouts are unknown. Police assistance is requested to locate this person. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa. CS 4904, relating to unsworn falsification to authorities.

SIGNATURE OF COMPLAINANT

NAME OF COMPLAINANT

ADDRESS OF COMPLAINANT

RELATIONSHIP TO MISSING PERSON