

Data Information Report

Instructions when filling out this form

1. Please mail this completed form to Child Protection Education of America, Inc. at: 3439 Brook Crossing Dr., Brandon, FL 33511.
2. Include a recent photograph of the missing child. The photograph needs to be 5 x 7 or smaller. (4x6 or 3x5 is better) Also, color photographs show much more detail and reproduce better for posters and the Internet. Color photographs catch the eye of a viewer much more than a black and white. Do not send a photocopied photograph or fax us a photograph. We can not use them.
3. If this case is a parental abduction, we must have a copy of your current custody papers.
4. All children registered with the Center must be entered into the National Crime Information Computer (NCIC) by law enforcement. (NOTE: Ensure the spelling of the name and the date of birth of the child is entered correctly.)
5. If your child returns without our knowledge, it is very important that you contact (Caseworker name) at 866-USA-CHILD immediately. Your child's case number is (Case #) .

Date: _____

Report Type: Circle One

RunawayParental Abduction.....Criminal Abduction.....Missing.....Unidentified....Abandoned

Name of Reporting Parent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Information on Missing Child (please print)

Last Name: _____ First Name: _____ M.I.: _____

A.K.A. and/or Nick Name: _____

Date of Birth: _____ Current Age: _____

Date Missing: _____ Missing From: _____

Sex: (Circle one) M or F Height: _____ Weight: _____

Race (circle one) White.....Black.....Hispanic.....American Indian.....Oriental.....Bi-Racial.....Other

If other describe: _____

Complexion (circle one) Light.....Medium.....Dark

Hair Color (circle one) Brown.....Blond.....Black.....Auburn.....Red.....Gray.....Other: _____

Hair Description (circle one) Curly.....Wavy.....Straight.....Length _____

Eye Color (circle one) Brown.....Blue.....Green.....Hazel.....Other _____

Eyeglasses - Yes or NoIf yes, please describe_____

Contact Lenses - Yes or No ...If yes, please describe_____

Passport Numbers: Father _____

Mother_____

Guardian_____

Child_____

Military ID Number (Child) _____

Last School Attended

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____ Phone:_____

Identifying Marks of the Missing Child (i.e. tattoo's, piercing, birthmarks, speaking problems, etc.)

Clothes , describe when last seen

Description of Abducting Parent/Person:

Last Name:_____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth : _____

Hair Color: _____ Description: _____

Eye Color: _____ Glasses: Yes or No

Complexion: _____ Height: _____ Weight: _____

Identifying Marks:

Previous Employer of Abductor:

Address, City, ST, Zip:

Phone Number: _____

Auto ID Number: _____

License Number: _____

Warrant Number: _____ Type of Warrant: _____

Issued By: _____ Where: _____ Date: _____

Law Enforcement Agency:

Name of Agency: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Officer in Charge: _____

Child's Case Number: _____ NCIC Number: _____

Details of Disappearance:

I/We certify, to the best of my/our knowledge that the above information is correct as shown. I/We give Child Protection Education of America (CPEA) my/our consent to release photographs and other pertinent information of my/our missing child to the public. I understand that this will be done through various means including newspapers, magazines, flyers, television, and other avenues. I/We understand that CPEA does not take the responsibility for returning my/our child to the parent. I/We agree to fully release CPEA from any liability, which may result from the actions of the CPEA in the search of my/our child. I/We agree to notify CPEA upon location of my/our child.

_____ Date _____

Signature of Parent, Guardian or Law Enforcement Official

_____ Date _____

Signatures of Parent, Guardian or Law Enforcement Official