

New Mexico Department of Public Safety

Silver Alert Report Form

Missing Person's Name: _____

Last

First

Middle

Race: _____ Sex: M F Place of Birth: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Skin: _____

Scars/Marks/Tattoos: _____

Social Security Number: _____ Driver's License #: _____

Driver's License State: _____ Driver's License Year: _____

Blood Type: _____ Fingerprints Available: (where) _____

Distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc....):

Dental Records Available? Yes No Where? _____

Medical Records Available? Yes No Where? _____

Mental State (depressed, suicidal, etc.....): _____

Medical History: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ Color: _____

License plate # and state: _____

Hobbies & Interests: _____

***Please make sure to attach a current color photograph.**

Additional information to be filled out in the event that your loved one goes missing

Date Missing: _____ Time: _____ AM/PM

Location Last Seen: _____

Possible Destination (city, state): _____

Last seen wearing _____

Acquaintance: (possibly with)

Name: _____

Last

First

Middle

Age: _____ Date of Birth: _____ Race: _____ Sex: M F

Social Security Number: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Skin: _____

Scars/Marks/Tattoos and distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc....):

Additional Information:

