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| **New Mexico Department of Public Safety** **Silver Alert Report Form** |
| **Missing Person’s Name (Last, First, Middle)**      |
| **Race**      | SexM: [ ]  F: [ ]  | Place of Birth      | Age      | Date of BirthMM/DD/YYYY |
| **Height**      | **Weight**      | **Eye Color**      | **Hair Color**      | **Skin**      |
| **Scars/Marks/Tattoos**      |
| **Social Security Number**   /  /     | **Driver’s License Number**      | **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**YYYY | **Make**      | **Model**      | **Color**      | **License Plate # and State**      |
| **Hobbies & Interests**      |
| \***Please make sure to attach a current color photograph.** |
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| **Additional information to be filled out in the event that your loved one goes missing** |
| **Date Missing**MM/DD/YYYY | **Time**      [ ] AM [ ] PM |
| **Location Last Seen**      |
| **Possible Destination (City, State)**      |
| **Last Seen Wearing**      |
|  |
| **Acquaintance (possibly with)** |
| **Name (Last, First, Middle)** |
| Age      | Date of BirthMM/DD/YYYY | **Race**      | SexM: **[ ]**  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**      |