DISASTER VICTIM IDENTIFICATION (DVI)

HOW TO USE THE YELLOW ANTE-MORTEM (AM) FORM
Please write legibly.

I. GENERAL INSTRUCTIONS

The AM Form is designed for listing any information that may be obtained from relatives, friends and/or physicians of the possible victim or missing person and that may assist in an identification, in order to compare that information with the data obtained from the dead bodies on the disaster site.

Important:	Record all information obtainable on the form, since it is impossible to know what data will be obtained from the disaster site.
NOTE:	It is important to obtain and forward detailed information as rapidly as possible.

Where provided, use the appropriate figures for description.

EXAMPLE:	Section C1: Fill in the figures "06" in the "No." column at item 24 to designate a pullover and describe the material, etc. In the space provided for this information.

Wherever appropriate, boxes that can simply be marked with a cross are provided. Please use as many of them as possible. This will facilitate electronic processing of the information and also make it possible to handle reports compiled in a foreign language without translation (the Interpol Member States all use the same forms). For this reason, the layout is the same for the AM and PM Forms. Because of this identical layout, some numbered spaces are left blank (e.g. item 31 in section D1: This is the space provided for the description of the state of the body on the pink PM Form).

II. SPECIFIC INSTRUCTIONS

Sections A1 & A2	Personal data of the possible victim or missing person.
Section B	Not applicable here (section B of the pink form is the report on the recovery of the body from the site).
Sections C1 to C3	Description of effects (clothing, jewellery, etc.).

Sections D1 to D3	Physical description.
Section D4	Record any distinguishing marks (tattoos, etc.).
Sections E1 & E2	List any medical information that may assist in identification.
Sections F1 & F2	Dental information (cf. instructions on the back of Section F1).
Section G	Record any further information that may assist in identification, and/or continue your description from a previous section (C to F) if there was not enough space.

It should be born in mind that photographs of the clothing, jewellery, etc. described in various sections may be of valuable help for comparison with items found on the disaster site. Please attach such photographs, if available.

Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION

MISSING PERSON

Family name : _____ **No** : _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

Nature of disaster :

Place of disaster :

Date of disaster :

Police force handling identification:	*NCB of (country)*
	Police file No:

Reasons for assuming that person concerned is victim of disaster:

Police officers evaluation	*Is above person probably a victim?* ☐ *No* ☐ *Yes*

CHECKLIST OF CONTENTS		*Enclosed complete*	*Enclosed in part*	*Lent to Name*	*Date*	*Returned Date*	*Remarks*
A1	**General information**						
A2	**Gen. information cont.**						
C1	**Clothing / Shoes**						
C2	**Watch/Glasses/Papers**						
C3	**Jewellery**						
D1	**Physical description**						
D2	**Physical desc. cont.**						
D3	**Physical desc. cont.**						
D4	**Body sketch**						
E1	**Medical information**						
E2	**Medical inform. cont.**						
F1	**Dental information**						
F2	**Dental inform. cont.**						
G	**Further information**						

Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

A1

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

INFORMATION RELATING to MISSING PERSON				a	b	c
00	**Information given by... or:** Name Address **Relationship**	*Date:*	**1** ☐ *See item 12* **2** ☐ *See item 13* *Phone:*			
01	**Family name**					
02	**Family name at birth**					
03	**Forename(s)**					
04	**Nationality**					
05	**National ID number** Country code	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐				
06	**Chinese Commercial Code**					
07	**Date of birth**	☐☐ *Day* ☐☐ *Month* ☐☐ *Year*	*Age at disappearance* ☐☐			
08	**Marital status** Engaged Married	☐☐ *Day* ☐☐ *Month* ☐☐ *Year* ☐☐ *Day* ☐☐ *Month* ☐☐ *Year*	*Separated, widowed, single other:* *Forename of partner:*			
09	**Occupation**					
10	**Full address** Street / No. Postcode / Town Country					
11	**Religion**					
12	**Next-of-kin** Name Address Phone **Relationship**					
12 A	**Blood relation (DNA)**	*Close relatives known for DNA-comparison*	**1** ☐ *No* **2** ☐ *Yes*			
13	**For visual recognition** Name Address Phone **Relationship**					

Police officer	Rank Name Address Phone number	: : : :	Signature / Date

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

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INFORMATION RELATING to MISSING PERSON (cont.)			a	b	c
14	**Ever fingerprinted?**	**1** ☐ *No* **2** ☐ *Yes / Where:* *Date:*			
	if not, are prints obtainable ?	**3** ☐ *No* **4** ☐ *Yes / Where:*			
15	**Family doctor** Name Address Phone				
16	**Family dentist** Name Address Phone				
17	**Distinguishing features**				
18	**Photographs**	**1** ☐ *Enclosed* **2** ☐ *Obtainable* *Taken on:* _____			
19	**Documents**				
	01 Official records	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	02 Police records	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	03 Doctors records	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	04 Hospital records	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	05 Hospital X-rays	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	06 Dental records	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	07 Dental X-rays	**1** ☐ *Enclosed* **2** ☐ *Obtainable*			
	08 Dental plate ID-numbers	*(specify):*			
	09 Other records	*(specify):*			

Continued item no 24 (item 20 - 23 in form PM only)

Police officer			Signature / Date
	Rank	:	
	Name	:	
	Address	:	
	Phone number	:	

Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

C1

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

CLOTHING AND SHOES (carried on person or in luggage)							**a**	**b**	**c**
24	**Clothing Items**	**No:**	**1** *Material*	**2** *Colour*	**3** *Design*	**4** *Label*	**5** *Size*			
	01 Hat									
	02 Overcoat									
	03 Scarf									
	04 Gloves									
	05 Coat									
	06 Pullover									
	07 Tie									
	08 Shirt									
	09 Waistcoat									
	9A Vest									
	10 Trousers (men)									
	11 Underpants									
	12 Socks									
	13 Dress									
	14 Cardigan									
	15 Blouse									
	16 Skirt									
	17 Petticoat									
	18 Chemise									
	19 Brassiere									
	20 Panties									
	21 Girdle									
	22 Corset									
	23 Stockings									
	24 Tights									
	25 Trousers (women)									
	26 Belt									
	27 Belt buckle									
	28 Braces									
	29 Other									
25	**Shoes - Type**	**No:**	**1** *Material*	**2** *Colour*	**3** *Design*	**4** *Label*	**5** *Size in cm*			
	01 Light shoes									
	02 Heavy shoes									
	03 Boots									
	04 Other									

Police officer		
	Rank :	Signature / Date
	Name :	
	Address :	
	Phone number :	

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

PERSONAL EFFECTS

			a	b	c
26	**Watch - Type** 01 Digital 02 Analog 03 Other	No: / 1 *Material* / 2 *Colour* / 3 *Design* / 4 *Make* / 5 *Inscription*			
	04 If wrist watch, worn on	*Left* 1 ☐ *Right* 2 ☐ *Outside* 3 ☐ *Inside* 4 ☐			
	05 Watch strap	*Leather* 1 ☐ *Metal* 2 ☐ *Other (specify):* 3 ☐ _____			
27	**Glasses** 01 Frame	1 *Material* / 2 *Colour* / 3 *Design* / 4 *Make* / 5 *Inscription*			
	02 Lenses (glass)	*Tinted* 1 ☐ *No* 2 ☐ *Yes (specify):* _____ *Strength - Left / Right* 3 ☐ *L* 4 ☐ *R*			
	03 Lenses / Shape	*Round* 1 ☐ *Oval* 2 ☐ *Square / Half* 3 ☐ 4 ☐ *Rimless* 5 ☐			
	04 Contact lenses	*Coloured* 1 ☐ *No* 2 ☐ *Yes (specify):* _____ *Strength - Left / Right* 3 ☐ *L* 4 ☐ *R*			
28	**Identity Papers** 01 Passport 02 Driving licence 03 Credit cards 04 Identity card 05 Donor card 06 Travellers cheques 07 Other	No:			
29	**Other Effects**				

Police officer		
	Rank	:
	Name	:
	Address	:
	Phone number	:

Signature / Date

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

JEWELLERY

30 Rings, chains etc.

01 Wedding ring
02 Other finger rings
03 Earrings
04 Earclips
05 Neck chains
06 Necklace
07 Bracelets
08 Other chains
09 Pendant on chain
10 Other

No:	1 *Material*	2 *Colour*	3 *Design*	4 *Inscription*	5 *Where worn*	a	b	c

Police officer

Rank :
Name :
Address :
Phone number :

Signature / Date

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION			a	b	c
31					
31 A					
32	**Height**	_____ *cm* / *Estimated height* _____ *cm* — *Method used ?*			
33	**Weight**	_____ *kg* / *Estimated weight* _____ *kg* — *Method used ?*			
34	**Build**				
	01 Bodily constitution	*Light* 1 ☐ *Medium* 2 ☐ *Heavy* 3 ☐			
	02 Head from front	*Oval* 1 ☐ *Pointheaded* 2 ☐ *Pyramidal* 3 ☐ *Circular* 4 ☐ *Rectangular* 5 ☐ *Quadrangular* 6 ☐			
	(02-03 see Silhouette sketch) 03 Head in profile	*Shallow* 1 ☐ *Medium* 2 ☐ *Deep* 3 ☐			
35	**Race**				
	01 Group / Shade	*Caucasoid* 1 ☐ *Mongoloid* 2 ☐ *Negroid* 3 ☐ / *Light* 4 ☐ *Medium* 5 ☐ *Dark* 6 ☐			
	02 Other	*(specify):*			
36	**Hair of the head**				
	01 Type	*Natural* 1 ☐ *Artificial* 2 ☐ *Hair-piece* 3 ☐ *Wig* 4 ☐			
	02 Length	*Short* 1 ☐ *Medium* 2 ☐ *Long* 3 ☐			
	03 Colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐			
	04 Shade	*Light* 1 ☐ *Medium* 2 ☐ *Dark* 3 ☐ / *Turning grey* 4 ☐			
	05 Thickness	*Thin* 1 ☐ *Medium* 2 ☐ *Thick* 3 ☐			
	06 Style	*Straight* 1 ☐ *Wavy* 2 ☐ *Curly* 3 ☐ / *Parted* 4 ☐ *Left* 5 ☐ *Right*			
	07 Baldness	*Beginning* 1 ☐ *Advanced* 2 ☐ *Total* 3 ☐ / *Forehead* 4 ☐ *Sides* 5 ☐ *Tonsure* 6 ☐			
	08 Other	*(specify):*			

Police officer			Signature / Date
	Rank	:	
	Name	:	
	Address	:	
	Phone number	:	

Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

D2

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)			a	b	c
37	**Forehead**				
	01 Height / Width	*Low* 1 ☐ *Medium* 2 ☐ *High* 3 ☐ / *Narrow* 4 ☐ *Medium* 5 ☐ *Wide* 6 ☐			
	02 Inclination	*Protruding* 1 ☐ *Vertical* 2 ☐ *Receding / slightly or clearly* 3 ☐ **S** 4 ☐ **C**			
38	**Eyebrows**				
	01 Shape / Thickness	*Straight* 1 ☐ *Arched* 2 ☐ *Joining* 3 ☐ / *Thin* 4 ☐ *Medium* 5 ☐ *Thick* 6 ☐			
39	**Eyes**				
	01 Colour	*Blue* 1 ☐ *Grey* 2 ☐ *Green* 3 ☐ *Brown* 4 ☐ *Black* 5 ☐			
	02 Shade	*Light* 1 ☐ *Medium* 2 ☐ *Dark* 3 ☐ *Mixed* 4 ☐			
	03 Distance betwen eyes	*Small* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐			
	04 Peculiarities	*Cross-eyed* 1 ☐ *Squint-eyed* 2 ☐ *Artificial eye* 3 ☐ *Left* 4 ☐ *Right*			
40	**Nose**				
	01 Size / Shape	*Small* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐ / *Pointed* 4 ☐ *Roman* 5 ☐ *Alcoholics* 6 ☐			
	02 Peculiarities	*Marks of spectacles* 1 ☐ *No* 2 ☐ *Yes* *Other (specify):* 3 ☐ _____			
	(03 see Silhouette sketch) 03 Curve / Angle	*Concave* 1 ☐ *Straight* 2 ☐ *Convex* 3 ☐ / *Turned down* 4 ☐ *Horizontal* 5 ☐ *Turned up* 6 ☐			
41	**Facial hair**				
	01 Type	*No beard* 1 ☐ *Moustache* 2 ☐ *Goatee* 3 ☐ *Whiskers* 4 ☐ *Full beard* 5 ☐			
	02 Colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐			
42	**Ears**				
	01 Size / Angle	*Small* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐ / *Close-set* 4 ☐ *Medium* 5 ☐ *Protruding* 6 ☐			
	(02 see Silhouette sketch) 02 Ear lobes	*Attached* 1 ☐ *No* 2 ☐ *Yes* *Perforated* 3 ☐ *Left* 4 ☐ *Right*			
43	**Mouth**				
	01 Size / Other	*Small* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐ / *Other (specify):* 4 ☐ _____			
44	**Lips**				
	01 Shape / Other	*Thin* 1 ☐ *Medium* 2 ☐ *Thick* 3 ☐ / *Made up* 4 ☐ *Other (specify):* 5 ☐ _____			
45	**Teeth** (cf. page F1 / F2)				
	01 Cast restoration	*Inlays* 1 ☐ *Crowns* 2 ☐ *Bridges* 3 ☐			
	02 Dentures	*Part. upper* 1 ☐ *Part. lower* 2 ☐ *Full upper* 3 ☐ *Full lower* 4 ☐ *ID-number (specify):* 5 ☐ _____			
	03 Gaps	*(specify):*			
	04 Other	*(specify):* *Latest treatment date:* _____			
46	**Smoking habits**				
	01 Type	*No* 1 ☐ *Yes* 2 ☐ / *Cigarettes* 3 ☐ *Cigars* 4 ☐ *Pipe* 5 ☐ *Other* 6 ☐			

Police officer			Signature / Date
	Rank	:	
	Name	:	
	Address	:	
	Phone number	:	

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)			a	b	c
47	**Chin**				
	01 Size / Inclination	*Small* 1 ☐ *Medium* 2 ☐ *Large* 3 ☐ / *Receding* 4 ☐ *Medium* 5 ☐ *Protruding* 6 ☐			
	02 Shape	*Pointed* 1 ☐ *Round* 2 ☐ *Angular* 3 ☐ *Cleft chin* 4 ☐ *Groove* 5 ☐			
48	**Neck**				
	01 Length / Shape	*Short* 1 ☐ *Medium* 2 ☐ *Long* 3 ☐ / *Thin* 4 ☐ *Medium* 5 ☐ *Thick* 6 ☐			
	02 Peculiarities	*Goitre* 1 ☐ *Prominent Adams apple* 2 ☐ *Collar / Shirt No:* 4 ☐ *Circumference* 6 ☐ *in cm:*			
49	**Hands**				
	01 Shape / Size	*Slender* 1 ☐ *Medium* 2 ☐ *Broad* 3 ☐ / *Small* 4 ☐ *Medium* 5 ☐ *Large* 6 ☐			
	02 Nail length	*Short* 1 ☐ *Medium* 2 ☐ *Long* 3 ☐			
	03 Peculiarities	*Bitten short* 1 ☐ *Manicured* 2 ☐ *Painted* 3 ☐ *Artificial* 4 ☐ *Nicotine* 5 ☐ *Left* 6 ☐ *Right*			
50	**Feet**				
	01 Shape / Size	*Slender* 1 ☐ *Medium* 2 ☐ *Broad* 3 ☐ / *Shoe size:* 4 ☐ *Length in cm:* 5 ☐			
	02 Nail length	*Short* 1 ☐ *Medium* 2 ☐ *Long* 3 ☐			
	03 Peculiarities	*Manicured* 1 ☐ *Painted* 2 ☐ *Corns (specify toe):* 3 ☐ _____			
51	**Body hair**				
	01 Extent	*None* 1 ☐ *Slight* 2 ☐ *Medium* 3 ☐ *Pronounced* 4 ☐			
	02 Colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐			
52	**Pubic hair**				
	01 Extent	*None* 1 ☐ *Slight* 2 ☐ *Medium* 3 ☐ *Pronounced* 4 ☐			
	02 Colour	*Blond* 1 ☐ *Brown* 2 ☐ *Black* 3 ☐ *Red* 4 ☐ *Grey* 5 ☐ *White* 6 ☐			
53	**Specific details**				

No:	1 *Scars*	2 *Skin marks*	3 *Tattoo marks*	4 *Malformations*	5 *Amputations*	a	b	c
01 Head								
1A Neck / Throat								
02 Right arm								
03 Left arm								
04 Right hand								
05 Left hand								
06 Body - front								
07 Body - back								
08 Right leg								
09 Left leg								
10 Right foot								
11 Left foot	Indicate specific details on body sketch, page D4.							

54	**Circumcision**	1 ☐ *No* 2 ☐ *Yes* 3 ☐ *Unknown*			
55	**Other peculiarities**				

Police officer	Rank	:	Signature / Date
	Name	:	
	Address	:	
	Phone number	:	

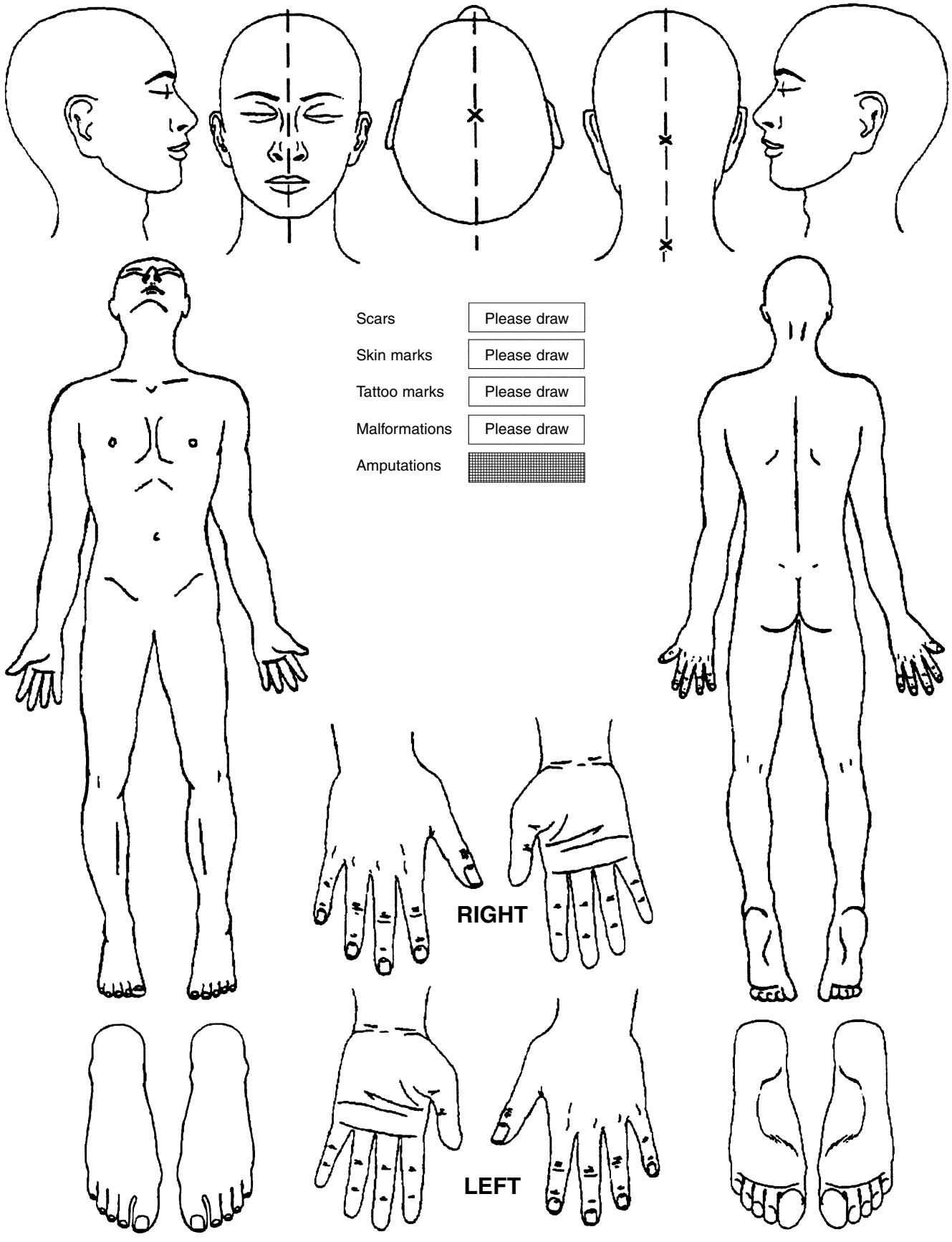
MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

PHYSICAL DESCRIPTION **(described in item 53)**



Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

E1

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

MEDICAL CONDITIONS (as known to relatives or others)		
56	**General state of health** (Describe past and present diseases and / or treatment)	
57	**Medication** (What medicines are kept at residence ?)	

MEDICAL INFORMATION (provided by family doctor / specialist)			
58	**Address of family doctor** (see 15) 01 Regular / irregular patient ? **MEDICAL RECORD lists:** 02 Symptoms 03 Findings 04 Diagnoses 05 Treatment 06 Prescriptions 07 Ref. to specialist 08 Operation scars 09 Other scars 10 Fractures 11 Organs missing 12 Hospitalization 13 Other **ADDICTED to:** 14 Smoking 15 Alcohol 16 Medicine 17 Narcotics **INFECTIOUS DISEASE:** 18 Hepatitis 19 AIDS 20 Other **IN WOMEN:** 21 Abortions 22 Births 23 Hysterectomy	**No:**	
59	**Blood group**		

Continued item no 66 (item 60 - 65 in form PM only)

Police officer	Rank Name Address Phone number	: : : :	Signature / Date

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

FURTHER MEDICAL INFORMATION		
66	**Forensic pathologist/ medical examiner's extract from medical records** **Medical records provided by:** Name Address Phone number	
MEDICAL DATA OF SPECIFIC INTEREST		
67	**X-rays showing specific conditions**	
68	**Organs removed**	
69	**Prostheses**	
70	**Other artificial aids**	
Continued item no 76 (item 71 - 75 in form PM only)		

Pathologist	Signature / Date
Name : Address : Phone number :	

The INTERPOL Victim Identification Form, Sections F1 and F2

GENERAL INFORMATION

The INTERPOL Victim Identification Form consists of several sections - divided in two groups:

1) YELLOW FORMS for listing latest known data concerning a missing person;
2) PINK FORMS for listing all findings concerning a dead body.

Identification of a dead body may become possible if data listed on the pink forms concerning this body can be compared with, and shown to match, data listed on the yellow forms concerning one particular missing person. If an identification is made, the experts involved will complete an Identification-Report - as a prerequisite to issuing a death certificate and releasing the body for burial.

The identification of a dead body may be accomplished in several ways, depending upon the type of data used. The INTERPOL Victim Identification Form has been set up in such a way, that sections listing the same type of data are marked with the same capital letter in the upper right-hand corner. For dental identification, the forms to use are Sections F1 and F2 (yellow), and Sections F1 and F2 (pink); because of the specialised vocabulary, they must be filled in by a forensically trained dentist.

INSTRUCTIONS FOR USE - SECTION F1 AND F2 AM (yellow)

These forms are designed for listing all dental information collected from dental practitioners records or other sources.

In Section F1, make sure that the reference number is clearly shown - and that the sex is clearly indicated (boxes at the top). Fill in all the details requested further down. Under "Circumstances of the Disappearance", give the shortest possible extract of the police report. Under "Dental information", list any supplementary information obtained by the police from family members and/or others. Request from the police - and list - exact name, address and telephone number of the dentists/institutions from which records etc. have been obtained; also list the respective periods covered (whole years). Written records should be originals or good Photostat copies. Ensure that all record X-rays, models, and photographs are clearly marked with patient’s name, dentist’s name, and date of exposure or production; if they are not, you must do it yourself.

In Section F2, the missing person's latest known dental status is to be listed. The status can only be established by extraction from - and re-arrangement of - the data listed in one or more dental records - or apparent from X-ray, models, photographs, or other material produced. Start with the latest entry in the written record and work your way backwards; in this way, all previous treatment now covered by later treatment can be left out. Indicate surfaces by using Capital-Letter System: M = mesial, 0 = occlusal, D = distal, V = vestibular, L = lingual; if other abbreviations are used, please explain them in one of the boxes further down. (NOTE: there will be a notation only for treatment/conditions actually described or seen in the material) - Next, sketch on the dental chart the location and extent of all fillings and other conditions listed as present according to your re-arrangement of data. For colour distinction, use black for amalgam, red for gold, and green for tooth-coloured material. For teeth extracted or not formed, put large cross (X) over the appropriate tooth square. If the practitioner’s record includes an dental chart, compare it with your own and make sure they tally. Do not hesitate to contact practitioner for clarification of dubious points. If X-rays and/or other material are available, indicate - in the appropriate boxes - type, year of exposure or production, and teeth concerned. Finally, record age at time of disappearance.

Once Section F2 has been completed, type your name, address and telephone number (or use your professional stamp) in the box at the bottom of Section F1. Finally, enter the date of completion above your personal signature. Remember - this is a legal document, so keep a full copy for your own file. Likewise, make copies of all original record material, before returning it to the practitioner.

Ante **M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

F1

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

DENTAL INFORMATION

76	**Missing Persons address** (see 10)	
77	**Reported missing**	☐☐ *Day* ☐☐ *Month* ☐☐ *Year*
78	**Circumstances of the disappearance**	
79	**Dental information Obtained from family members and/or others** 01 Data in item 45	**1** ☐ *No* **2** ☐ *Yes*

DENTAL DATA PROVIDED BY

80	**Dentist / Institution** Address Phone Period covered DOCUMENTS filed with	*From* _____ *To* _____ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*
81	**Dentist / Institution** Address Phone Period covered DOCUMENTS filed with	*From* _____ *To* _____ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*
82	**Dentist / Institution** Address Phone Period covered DOCUMENTS filed with	*From* _____ *To* _____ ☐ *Records* ☐ *X-rays* ☐ *Models* ☐ *Photos*

Continued item no 86 (item 83 - 85 in form PM only)

Odontologist	Signature / Date
Name : Address : Phone number :	

Ante **M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **F2**

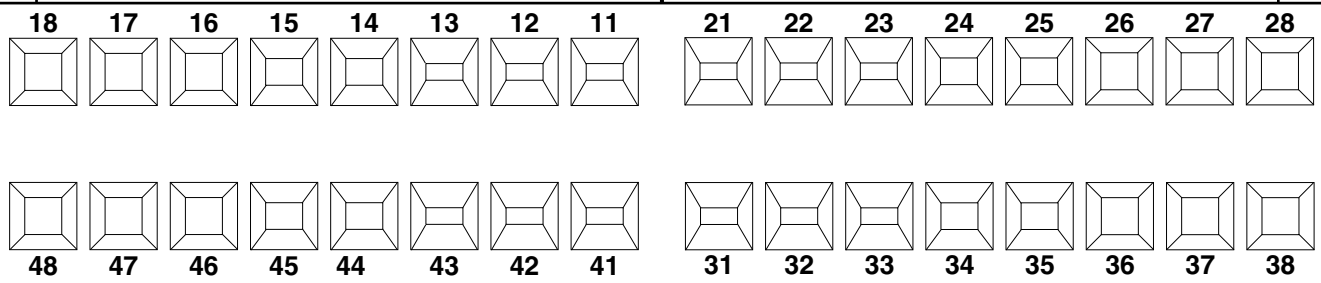
MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

86	**DENTAL INFORMATION**		
11			**21**
12			**22**
13			**23**
14			**24**
15			**25**
16			**26**
17			**27**
18			**28**



48			**38**
47			**37**
46			**36**
45			**35**
44			**34**
43			**33**
42			**32**
41			**31**

87	**Specific data** Crowns, bridges and dentures	
88	**Further data** Occlusion, attrition, anomalies, smoker, periodontal status, etc.	
89	**X-rays available**	
90	**Further material**	
91	**Age at time of disapp.**	

MISSING PERSON

Family name : _____ **No :** _____

Forename(s) : _____

Date of birth : ☐☐ *Day* ☐☐ *Month* ☐☐ *Year* *Male* ☐ *Female* ☐

FURTHER INFORMATION (if referring to data given on a previous page, please indicate item number)	
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