

FACT SHEET ON LOVED ONE

SCHOOL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
GRADE \_\_\_\_\_  
TEACHER \_\_\_\_\_  
BUS# \_\_\_\_\_ BUS ROUTE \_\_\_\_\_  
ACTIVITIES \_\_\_\_\_  
AFTER SCHOOL ACTIVITIES \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
USUAL TIME TO ARRIVE HOME \_\_\_\_\_  
THINGS/PLACES LIKED \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
EYE COLOR \_\_\_\_\_ COMPLEXION \_\_\_\_\_  
HAIR COLOR \_\_\_\_\_  
CURLY \_\_\_\_\_ STRAIGHT \_\_\_\_\_  
LONG \_\_\_\_\_ SHORT \_\_\_\_\_  
MEDICAL: DOCTOR \_\_\_\_\_  
DENTIST \_\_\_\_\_  
TAKING MEDICATION \_\_\_\_\_  
WHAT KIND? \_\_\_\_\_  
DISTINGUISHING CHARACTERISTICS \_\_\_\_\_  
BIRTHMARK \_\_\_\_\_  
WEAR GLASSES/CONTACTS \_\_\_\_\_  
EARRINGS/HOW MANY? \_\_\_\_\_  
SPEECH/HEARING IMPAIRMENT \_\_\_\_\_  
LEARNING DISABILITY \_\_\_\_\_  
NICKNAMES \_\_\_\_\_

Compliments of:

THE CATENA L. PARKER  
Foundation for Missing Children  
P.O. Box 27735  
Richmond, Virginia 23261

**FAMILY**

(CLOSEST)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

(FAVORITE)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**FRIENDS**

(CLOSEST)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

(FAVORITE)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER PERTINENT INFORMATION  
(USE SEPARATE SHEETS IF NEEDED)**

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**NOTE:  
KEEP RECENT PHOTO AND FINGERPRINTS WITH THIS FORM. KEEP IN SAFE PLACE. UPDATE THIS INFORMATION AS OFTEN AS NEEDED.**