


# NEBRASKA STATE PATROL CRIME LABORATORY

## MISSING PERSONS: FAMILY REFERENCE SAMPLE SUBMISSION FORM

 <b>Nebraska State Patrol Crime Laboratory</b> 3977 Air Park Road Lincoln, NE 68524 Ph: (402) 471-8950 Fax: (402) 471-8954	FOR LABORATORY USE ONLY
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AGENCY _____	AGENCY CASE NUMBER _____
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**DONOR INFORMATION**

DNA Sample Provided By: \_\_\_\_\_  
Last First Middle

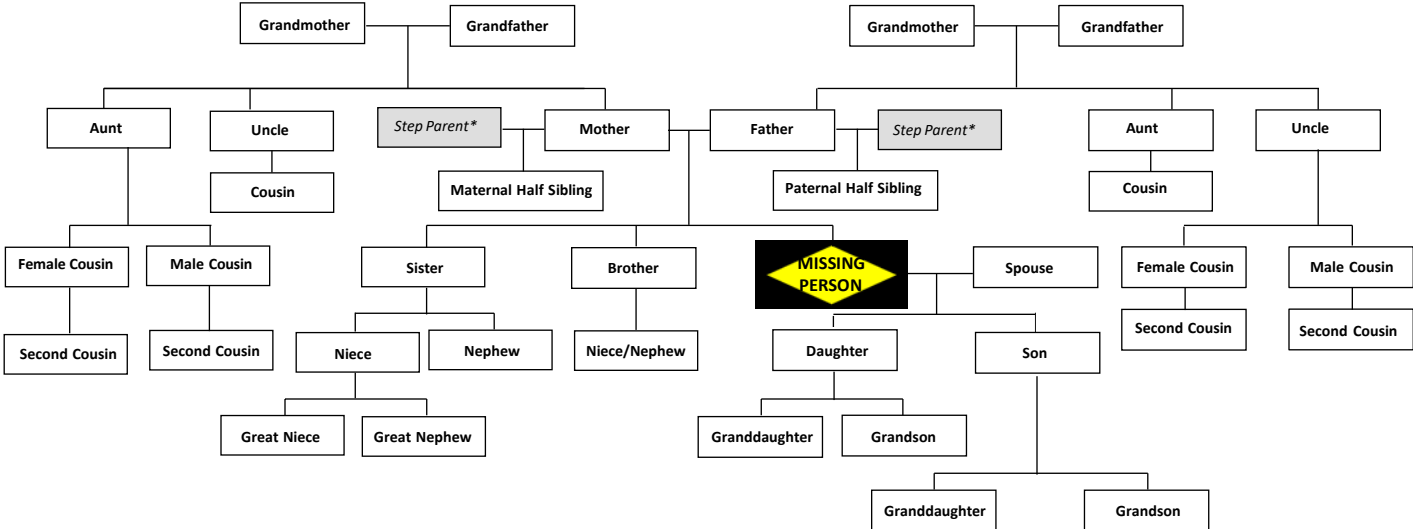
Contact Info: \_\_\_\_\_  
Street City State Phone

Date of Birth: \_\_\_\_\_ Race:  African-American  Hispanic  
 Asian  Native America  
 Caucasian  Other (specify) \_\_\_\_\_

Sex of Donor:  Female  Male

Relationship of Donor to Missing Person : \_\_\_\_\_  Maternally Related  Paternally Related

**CIRCLE THE BOX INDICATING RELATIONSHIP TO MISSING PERSON**



**Note:** The most useful family reference DNA samples are from close blood relatives such as the missing person's biological mother, father, children, brothers or sisters. We encourage two or more family reference samples to be collected. If you have any questions regarding the selection of family members for reference sampling, please call 402-471-8950.

\*Step Parents are not appropriate for submission.

**MISSING PERSON INFORMATION**

Name of Missing Person: \_\_\_\_\_  
Last First Middle

Missing Person's Date of Birth: \_\_\_\_\_ Age When Missing: \_\_\_\_\_ Sex of Missing Person:  Female  Male

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Approx. Height: \_\_\_\_\_

Date of Last Contact: \_\_\_\_\_ City/County and State of Last Contact: \_\_\_\_\_

Are Dental Records Available?  Yes  No Physical Identifiers (scars, marks, tattoos, medical device): \_\_\_\_\_

Race:  African-American  Hispanic  
 Asian  Native America  
 Caucasian  Other (specify) \_\_\_\_\_



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**DONOR CONSENT**

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, entry into the Relatives of Missing Persons Index of the Combined DNA Index System (CODIS), and searching against the Unidentified Persons Index of CODIS.

I understand that the information I have provided is protected by the Privacy Act notice for the National DNA Index System and the FBI's Central Records System as most recently published in the Federal Register. I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.

I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.

**Signature of Donor or Legal Guardian:**

X \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY COLLECTOR**

I, on the date of \_\_\_\_\_ at \_\_\_\_\_: \_\_\_\_\_ a.m./p.m. verified the identity of the individual who is providing the DNA sample and I collected a DNA sample(s) from this individual.

Law Enforcement Agent collecting DNA samples:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_